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# DENTAL PRACTITIONER.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., L. ASHLEY FAUGHT, D.D.S.

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THE

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L. ASHLEY FAUGHT, D. D. S.

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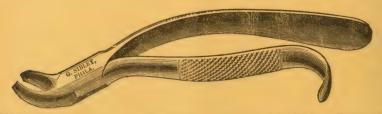
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#### THE

# Dental Practitioner.

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Vol. III.

PHILADELPHIA, JAN., 1885.

No. 1.

#### THE TREATMENT OF THE TEMPORARY TEETH.

BY C. R. JEFFERIS, D. D. S., WILMINGTON, DEL.

That the teeth of many children, even of otherwise particular parents, do not receive a tithe of the attention that they should, is a matter patent to every observant dentist. The parents are reasonably careful of their own teeth and usually place their little ones under the care of their dentist when they are half grown, or a sufficient number of their permanent teeth have assumed their places, and possibly become covered with the green coating, we so frequently find, as to arrest their attention and excite their fears.

How frequently are we discouraged and disgusted at finding, not only most of the deciduous molars decayed beyond repair, but the sixth year molars almost or quite as bad, because these parents "thought they were 'first' teeth and of no account." "If I had known they were 'second' teeth I would have had them filled," etc. etc., which opens the way to the dentist to administer some pointed words of advice, which, done at the time will often fall upon fallow ground and be well remembered.

We will then be questioned as to the proper time to begin bringing children for inspection, and this is a point upon which many differ, but we will all agree that if a child's teeth are decayed we cannot give them attention too early. Eighteen months is a very early age at which to begin filling, yet some of the most satisfactory work, in results, I have ever done for children was at that age. That it is exceedingly difficult and unpleasant to do, all must admit, but are we justified in slighting this class of work because of these facts?

If we put fine and expensive work in the mouths of the parents, to be consistent in our duty, we must have the temporary teeth of the children in the best possible condition, that their salvation may inure to the well being of the permanent set as well as to conduce to present comfort.

The many forms of plastics enable us to choose some one for almost every case which may be successfully applied if the operator will be sufficiently conscientious to adapt means to ends in each case, remembering that appearances here are not so much to be regarded as for permanent work, that his object is to save the teeth by any and all means for a time and for a specific purpose, after which, if his patient is so unfortunate as to require his skill further, he may place his elaborate gold work where it will do the most good.

In discussing the *means* of saving these teeth we have, first, Amalgam for crowns and places much exposed to wear in masticating. For small crown cavities, tin foil answers admirably and may be inserted almost as quickly as amalgam, with the advantage of

remaining bright.

For buccal and approximal surfaces, gutta-percha is invaluable in the hands of the dentist who will go to the trouble of using it as it should be used, on a warmer, made for the purpose, and not by taking a lump on the end of the instrument and passing it through the flame of a lamp.

Cases innumerable are found where the approximal cavities in deciduous molars are the shape of a shallow cup and where, to attempt to undercut for retaining points would be to expose the pulps, (particularly in the first molars) where zinc phosphate with its adhesive property, comes in nicely, being quickly applied, shaped and coated with wax melted on with a heated instrument, answers a good purpose; and still better if the little patient will be quiet long enough to allow a lining of gutta percha to be placed across the cervical margin of the cavity previous to the introduction of the zinc phosphate.

Better than all the filling that can be applied to approximal cases after the cavity is well formed, is the obliteration of the decay while in its incipiency by the free use of the disk and burr. Upon the discovery of indications of breaking down of the tissue let the straight or nearly straight sided disk be passed between the teeth, through the decay but not far beyond its cervical limit, leaving, a large or shelf like projection and forming a wide and nearly parallel opening with the

cervical portions of the teeth still in contact, the cut on each tooth (if both are affected) forming almost a right angle with the part left uncut, as in figure 1.

This cut is not to be confounded with the old V shaped opening which, by permitting the food to act as a wedge, led to the teeth being gradually forced apart until the impacting of food against the gum became an intolerable nuisance. Its value consists in its shape; in masticating, the food after entering the cut is arrested by the

ledges, the forcing of it under the gum is prevented and the width of opening allows it to be easily dislodged.

This treatment is particularly called for in the mouths of such young patients as have decay between the first and second temporary molars and nowhere else, and it will be submitted to with far better grace than will excavating and filling.

Where the decay attacks the cervical portions of the approximal surfaces leaving the cutting surfaces firm, the plan of procedure is reversed; with fissure drills and oval or "fish belly" files passed between them close to the gum and moved towards but not *through* the grinding surfaces unedges, the decay is cut out leaving the grinding surfaces un-

This plan is more frequently called for in the treatment of the anterior teeth, though it applies to all.

untouched, as in figure 2.

That we are called upon to conserve the pulp of a deciduous tooth when much or even slightly exposed, I do not believe.

They do not have the same vital strength to resist the irritation set up by contact with a filling that the pulps of permanent teeth do and as a consequence, sooner or latter they die and we have the common alveolar abcess.

I do not share the fear so many have of applying arsenious acid for devitalizing these pulps. My practice being to apply an exceedingly minute portion of a paste of

Acid arsenieum 5i Morph, acetat. 5ij With pure wood creosote;

covering with a pledget of cotton slightly moistened with spirit varnish and leaving for from four to twelve hours. Usually no attempt is made to extract the pulp in less than a week by which time it is easily and painlessly done. Large canals I fill with twists of · cotton wool saturated with a mixture of creosote and oil of cloves in equal parts, preferring this treatment to that of leaving them open and filling the cavity over a bridge spanning the pulp chamber. If left open, abcess is almost certain to ensue, while if filled with cotton stopping, well condensed, there can be no infiltration and nothing to prevent absorption of the root upon the approach of the permanent tooth. Inasmuch as these devitalized teeth are most frequently thrown out by the newly erupting teeth without much absorption having taken place, it is better practice to close the root canals than to leave them open as reservoirs for secretions. On the other hand should absorption take place such a small portion of cotton as would be exposed would not interfere with the advancing tooth in the least and even if in contact with it would be less injurious than vitiated fluids poured from an open canal.

We are occasionally confronted with cases where with badly decayed molars we have nothing left of the incisors but the roots and this at such an early age that we are compelled, for the best interest of the child to take some means of preserving the roots until their successors are ready to take their places. After treating such abcesses as may exist, gutta percha filling is all that is necessary excepting the smoothing of the exposed ends of the roots with a small engine corundum wheel.

I am aware that these remarks do not cover new ground but they are offered as a basis for a more *systematic* treatment of children's teeth than is common, which will reach the great majority of cases we are called upon to treat and with the minimum of pain and its accompaniments to the little patients.

#### SOLDER AND SOLDERING.

The preliminary arrangements for soldering a set of teeth commences with the investment, which should be of good heat-conducting materials, such as sand, held together with small quantities of plaster and asbestos, the quantity of each should be so adjusted, as to hold the teeth to the plate firmly while soldering, if the plaster be in excess, its contraction will cause the investment to crack and draw the teeth out of position, too little plaster will weaken the mass so much as to prevent handling.

The proper proportions are easily and quickly arrived at by wetting the sand first and pouring off the floating water, what is left in the sand is about the right amount to saturate the necessary quantity of plaster to make a good investment.

No asbestos need be used for upper dentures and but little sprinkled in the plaster for a lower one, lower plates being narrow, require more strength in the investment, always keeping in mind that plaster and asbestos are poor conductors of heat and using as little as possible to bind the sand together.

The invested teeth should be dried before being soldered, the best apparatus for this is an ordinary coal oil lamp, with a fluted chimney, place the teeth on top and draw the wick down so as not to smoke, a number one burner will make just enough heat to dry out all the moisture without cracking the investment, the lamp is also handy to heat the pickle bath, and to dry old sets of teeth previous to soldering, and handy for many other things that need but a low degree of heat.

An erroneous practice prevails with many mechanical dentists, that an old set of plate teeth that needs soldering must have a previous boiling, first with dilute acid to dissolve out the oil or

grease, second with an alkali, to boil out the acid, third with water to get rid of the alkali—they then think it safe to solder, the result is the cracking of several teeth.

My practice is to wash the teeth, as soon as received, in soap and water to take away all the loose matter that can be reached, then dried on a sand bath until I am ready to grind in the lost teeth, after the linings are attached, the teeth are cemented in place and invested, then dried on the coal oil lamp for two hours or more, the teeth are then heated carefully on the support and soldered in the usual way.

What causes teeth to crack in the soldering process? Steam, undoubtedly, generated by suddenly applied heat, from moisture in the interior of the teeth. How did it get there? From long and constant use, the pins lengthen, and become thin, leaving a passage between it and the porcelain, which is soon filled with saliva, which must be slowly driven out by a low heat.

Warping or changing the shape of the plate during soldering is a common occurence with many who forget to observe the laws of expansion and contraction by heat, of the different materials in the denture; if due allowance were made and no interference with the necessary expansion and ultimate contraction in cooling, no change of shape would result.

The warping is caused when the linings are made continuous either by being in one piece as in block work, or single linings joined together at the sides of each with solder, the linings contracting more during cooling than the porcelain draws the ends of the plate together, no tying down or wiring to the support will prevent this, but an arrangement of the linings and teeth can be so made as to prevent any material change in the plate.

The comparative expansion of porcelain and gold or silver is as one to three, although the increased length is a very small fraction of an inch, the force of contraction is powerful enough to crack the strongest carved block. If single gum teeth have been carelessly fitted together, touching at only a few points, the gum chips off during contraction, and the teeth come closer together and no warping of the plate ensues. If we make use of this hint and place a piece of paper between the teeth, to be removed before investing, when soldered some of the teeth will be found close together and others far apart, and the plate probably warped; if we leave the paper between the teeth during soldering, it turns to charcoal and makes a black joint, which cannot be removed.

The only way I have found to overcome these troubles, is not to make the linings continuous, in other words to make the linings narrow, so as not to touch each other until they reach the plate, this seems to be sufficient, as warping seldom occurs when this is done.

Much greater care must be taken when soldering silver, as it softens at a bright red heat, curling up, and some times melting if not properly supported by the investment; careful management of the blow pipe flame, in interrupted jets where the space is to be soldered is at a dull red heat, and no over-heating with a large flame, and when ready to solder should be done quickly, as long, continued heat oxidizes silver and makes solder flow poorly.

If platinum is used for the plate, no extra care need be used in soldering, except to keep the solder in the right place, as it likes to travel all over the plate; wherever the solder is to be applied, the surface of the plate and lining must be roughened by a corundum wheel, for 18 karat solder will not take hold of the polished surface of platinum.

When solder is heated to the point of fusion, it will flow between two pieces of metal if not separated too far apart, the maximum is the thickness of number twenty six plate, if the space is greater than this, a small strip of plate should be placed in the aperture, to lead the solder to the right place; if a crack in the plate is to be mended, place a thin piece of plate over it, the solder will run between and fill up the crack, but will not pass over it, unless it has something to run on or lead it in the wished-for direction; fluid solder seems to act by capillary attraction like water.

DR. W. R. HALL.

#### PERFORATED TEETH.

BY A. B. HARROWER, D. D. S., PHILADELPHIA, PA.

In the report of the proceedings of the New York Odontological Society for March 20, 1883, the following sentence occurs:

"Should any one be unfortunate enough to accidentally drill through the root of a tooth, and puncture the highly sensitive membrane, I know of no treatment, short of the removal of the tooth, that will effect a cure."

It is not asserted that there *is* "no treatment short of the removal of the tooth," simply that the speaker knows of none, but the distingished position of the gentleman making the statement gives rise to the natural inference, that no treatment, save such as he describes, exists.

On looking through the few works which have been written on dental practice, nothing is found bearing on the subject in question, and contemporary magazine literature seems to present the same blank. It is this silence of the types which prompts the present article; the writer feeling that the sentence quoted above might cause the loss of many teeth which otherwise would be saved.

Why the accidental perforation of a root should be an irremediable calamity is not easy to see. It usually provokes periodontitis, which in certain temperaments may be *severe*; but that is something which every practitioner has to encounter, and should be prepared to combat. The treatment of this lies beyond the scope of the present brief paper, and will not be discussed, but it may be remarked that in the checking of too profuse hemorrhage those styptics should be selected which are not in themselves irritant.

Hemorrhage having been controlled, and measures taken to reduce any peridental irritation, cotton saturated with oil of cloves is gently pressed against the orifice in such wise that the wounded tissue may heal as nearly flat as possible—neither being pressed outward nor permitted to bulge into the cavity. Time is then allowed for healing and for the subsidence of peridental inflammation, after which the root is to be gently dried out with absorbent cotton. This being done, a thin, smooth, piece of low-heat, white, guttapercha—previously prepared—is laid over the perforation and the edges gently pressed, with suitable instruments, so as to fix it accurately in position. It is then secured in place by soft amalgam, provision being made for access to the end of the root or for venting should the size of the perforation or the diathesis of the patient seem to indicate it. The tooth is then filled in the usual way and, as a rule, does well.

So far from perforation being an unmixed evil, it is resorted to, as a necessary proceeding, in the treatment of abcesses situated in the bifurcation of roots.

In those cases where the opening has been produced by caries, it seems still more amenable to treatment; the writer's limited experience having already shown him cases wherein teeth with, even four or five perforations, have been successfully treated and are, at present, doing good service.

#### HYDROCHLORATE OF COCAINE.

BY R. J. HALL, M. D., NEW YORK.

Wishing to use the hydrochlorate of cocaine in some operations at the Roosevelt Hospital Out-door department, I made some experiments on myself, to determine the best mode of using it. The preparation was a four-per-cent solution made by Parke, Davis & Co. Injecting subcutaneously six minims on the dorsal surface of the fore-

arm, at the junction of the middle and upper thirds, near the ulnar. border, caused complete loss of sensation over an area extending downward as far as the lower end of the ulna, from three-quarters of an inch to an inch wide above, and half an inch wide below, obviously following the distribution of a cutaneous branch of the ulnar nerve. There was no diminution of sensibility above the point at which the needle was introduced. A number of subsequent experiments showed that the anæsthesia extended over the region supplied by the cutaneous nerves near or into which the injection was made. Thus in a number of experiments made by Dr. Halsted and myself, we have found that, injected subcutaneously into the leg or forearm, not in the neighborhood of any large nerve trunk, it will cause anæsthesia for a distance of two or three inches below the point of injection. An injection into the musculo-cutaneous nerve of the leg, at the point where it pierces the deep fascia, caused anæsthesia over all that portion of the leg and foot supplied by this nerve. An injection of eight minims into my left ulnar nerve at the elbow had no effect. An injection of thirty-two minims into the right ulnar nerve at the elbow caused, in two or three minutes, numbness and tingling down the forearm and little finger, and in five or six minutes anæsthesia extending down the ulnar border of the ring-finger. There was an anæsthetic area over the olecranon and the posterior surface of the external condyle, which we should not expect to be supplied by the ulnar nerve. There was no apparent diminution of muscular power, and no anæsthesia of the skin at the point where the injection was given. We have noticed that, when the needle is thrust into the deeper layers of the subcutaneous connective tissue, there is usually no loss of sensibility at the point where the needle was introduced.

With the anæsthesia, marked constitutional symptoms appeared; about six minutes after the injection there was giddiness, at first slight, then well marked, so that I could not walk without staggering; and finally there was quite severe nausea, which would have been much worse, I think, had not the stomach been empty. At the same time, the skin was covered with cold perspiration, and the pupils were dilated. The nausea passed off, with the local anæsthesia in about twenty minutes, leaving some dizziness for an hour or so longer.

The same evening Dr. Halstead removed a small congenital cystic tumor, situated directly over the outer third of the left supra-orbital ridge, and believed to be a meningocle, the communication of which with the cranial cavity had become shut off. Nineteen minims of the four-per-cent. solution were given hyperdermically in divided doses, one external to the tumor, and the others close to the supra-orbital notch. In about five minutes the anæthesia was complete. The in-

cision through the skin and the earlier steps of the operation were not felt at all, but, in consequence of the close adhesions of the sac and its extensive prolongations, especially into the upper lid, the operation was somewhat protracted, and the anæthesia had passed off to a considerable extent before it was completed. I was informed of a case, occurring on the same day, in which cocaine was injected, preparatory to performing a small plastic operation, in the same region, but no anæthesia of the field of operation was produced. On inquiry, I was told that the injections had been given *above* the point where the incisions were to be made.

This afternoon, having occasion to have the left first upper incisor tooth filled, and finding that the dentine was extremely sensitive, I induced Dr. Nash, of No. 31 West Thirty-first Street, to try the effects of cocaine. The needle was passed through the mucous membrane of the mouth to a point as close as possible to the infra-orbital foramen and eight minims were injected. In two minutes there was complete anæthesia of the left half of the upper lip and of the cheek somewhat beyond the angle of the mouth (as I was in the dentist's chair, I could not determine the exact limits), involving both the cutaneous and the mucous surfaces; also of the left side of the lower border of the septum nasi and of the anterior surface and lower border of the gums, extending from the medium line to the first molar tooth. Forcing the teeth apart with a wedge caused no pain except when the wedge impinged on the unaffected mucous membrane of the posterior surface of the gums. Dr. Nash was then able to scrape out the cavity in the tooth, which had previously been so exquisitely sensitive, and to fill it, without my experiencing any sensation whatever. The anæsthesia was complete until twenty-six minutes after the injection, and sensibility was much diminished for ten or fifteen minutes longer. Piercing the mucous membrane with the needle caused pain like the prick of a pin, but its subsequent introduction until it struck the bone and the injection of the solution were not felt. In the same way, the introduction of the needle into the ulmar nerve caused quite severe pain, with tingling down to the little finger, but the injection of the fluid gave rise to no sensation. In the experiment on the teeth, it surprised me that the incisor tooth should be rendered insensitive, as the anterior-superior dental nerve is given off in the infra-orbital canal. I can only suppose that the effects extend some distance along the nerve centrally, or that the fluid traveled along the sheath of the nerve into the canal.

We have already used this mode of administration successfully in a number of cases in the Roosevelt Hospital Out-door Department, and it is obvious that when the limits of safety have been determined, it may find very wide application. For instance, in

addition to the usual application to the conjunctiva, in operations on the eye, an injection into the orbit, in the neighborhood of the ciliary nerves, would doubtless diminish the liability to a very grave accident, which, I understand has already occurred several times in the city—namely, the extrusion of the lens, from blepharospasm, occurring during iridectomy performed with the aid of cocaine. We have injected twenty minims a number of times, without causing any constitutional symptoms.

Since the foregoing was written we have made some additional experiments which seem of interest. Dr. Halsted gave Mr. Locke, a medical student, an injection of nine minims, trying to reach with the point of the needle the inferior dental nerve where it enters the dental canal. In from four to six minutes there was complete anæsthesia of the tongue, on the side where the injection had been given, extending to the median line and backward to the base as far as could be reached with a pointed instrument. There was, further, complete anæsthesia of the gums, anteriorly and posteriorly, to the median line, and all the teeth on that side were insensitive to blows.

The soft palate and the uvula, on the same side, were anæmic and quite insensitive. Mr. Locke thought also that there was some diminution of sensibility in the domain of the auriclo-temporal nerve.

In four or five other cases where the injection was made in the same way, from fifteen to twenty being used, the fluid seemed to have come nearer the lingual than the inferior dentals. In all, the tongue was affected sooner than the gums; the anæsthesia extended as far back as the epiglottis, and the sense of taste was abolished on the affected side; and the posterior surface of the gums was earlier and more completely anæsthetized than the anterior.

This evening Dr. Halstead gave me an injection of seventeen minims, the needle being introduced along the internal surface of the left ramus until it touched the inferior dental nerve, causing a sharp twinge along the whole of the lower teeth. In three minutes there was numbness and tingling of the skin extending from the angle of the mouth to the median line, and also of the left border of of the tongue. In six minutes there was complete anæsthesia of the left half of the lower lip, on both the cutaneous and the mucous surfaces, extending from the median line to the angle of the mouth and downward to the inferior border of the jaw. A pin thrust completely through the lip caused no sensation whatever. There was also complete anæsthesia of the posterior surface of the gums and of the lower teeth on the left side, exactly to the median line; hard blows upon the teeth with the back of a knife caused no sensation.

The anterior surface of the gums was anæsthetic only from the median line to the first bicuspid. There was a small area of complete anæsthesia, about the middle third of the left border of the tongue, not more than an inch in diameter. A slight return of sensation began twenty-five minutes after the injection, and five minutes later no complete anæsthesia remained anywhere. I should mention that fifteen to twenty minims in this region caused, in two or three cases, slight constitutional symptoms similar to those previously described.— The New York Medical Journal.

#### ENVIRONMENT.

J. R. WALKER, D. D. S., NEW ORLEANS, LA.

In the course of my practice in the City of New Orleans, before the war, I was continually struck by the unusual number of soft, poor teeth, both among children whose teeth had never been properly calcified, and also among their mothers and others in whom decalcification had left the teeth easy victims to vitiated oral fluids or the action of nascent acids resulting from lack of cleanliness.

On resuming my practice, after the war, the subject presented itself with still greater force, and I determined to know why it was that those conditions prevailed to so much greater extent in New Orleans—or rather in the Mississippi Delta—than in other portions of the country which had fallen under my observation.

The result of my investigation convinced me that it was largely a question of environment, and wholly one of "demand and supply"—or rather of lack of supply.

In this I was obliged to differ with many of my confreres, who thought that climate was largely answerable for the condition observed.

Rainwater, which is in general use for drinking purposes, and which contains no lime-salts; and bread made of finely bolted, western wheat flour (some one has well said that the bolt and the frying pan are the father and mother of dyspepsia and bad teeth) for an unusually large proportion of the diet; the result being an extraordinary deficiency of lime-salts in the supply both of food and drink. Even the vegetables grown in the Mississippi bottoms seem as if they were deficient in the usual amount of mineral elements.

The softening of the teeth, resulting from these conditions, was so extreme, in a large number of cases, as to require something more then a mere change of diet, and proved clearly to my mind the utter fallacy of the old doctrine, unfortunately still maintained by many,

that the tooth once formed, was something like a crystal, without further change of structure.

In seeking the proper remedy, I naturally looked first in the direction of the *phosphates*, which I tried in many ways, experimenting with every form of which I could gain knowledge, either, from books or from the best informed of my dental or medical friends.

The result of all my efforts in this direction were eminently unsatisfactory.

Reflecting that our friends of fine osseous structures, who reside in mountain regions, as well as others who derive great benefit from temporary sojourns in those districts, are drinking water impregnated with the carbonate of lime, and not the phosphate, so that the carbonate of the limewater must become the phosphate of the tissues through the chemical changes of digestion and assimilation, led me to experiment with limewater, or a simple solution of carbonate of lime.

The results were as thoroughly satisfactory and gratifying as my former experiments had been disappointing.

I began to preach *limewater*, not only in my own practice, but among my professional brethren; many of whom have accepted the suggestion kindly, and proved the correctness of my theory by their own experiments and practice.

Others have opposed the idea on the supposition that the humansystem cannot appropriate mineral elements which have not previously passed through some other organization, either animal or vegetable.

The very frequent opportunities I had of observing people from districts where lime was abundant, and whose teeth were strong, hard and well developed, but which a residence in the lowlands of Louisiana had rendered soft and decalcified, added to my experience in hardening up those very teeth, through the use of simple limewater, convinced me of the existence of a circulatory system and the continued action of the nutrient function throughout the substance of the tooth, long before the promulgation of the more recent discoveries in microscopic anatomy had revealed the fact as established by actual observation.

In proof of the correctness of my theory, I have obtained most satisfactory results, overcoming both bad environment and bad heredity in my own family of five children, all of whom have good teeth; and I am constantly observing the same results in my daily practice, in families who have been my patients for many years, illustrating the beneficial results of the use of limewater.

In fact, so thoroughly well established, by many years of practice and observation, are the possibilities of producing good osseous structures, by furnishing the proper chemical elements, that I believe it would be quite safe to say that if two young persons contemplating

marriage, would have their own teeth put in thoroughly good condition by a competent, well-informed dentist, and give him the physical histories of their families, as far as possible, and then carry out fully the directions which he would be able to give them, based upon the knowledge gained by the examination of their teeth and this family history, he could safely promise them that their children should have good teeth.

Now, had I the chemical knowledge of my old friend Dr. Watt, I would be probably able to state in detail the *modus operandi* by which the calcium is set free from its other associates, and allowed to combine with the phosphoric acid, and thus be fitted to take its place in the new structure; but as it is, I simply present the fact as established by long-continued and varied experiment and observation.

The following incident is simply a sample of the gratifying result I am continually meeting with, as the fruit of seed long since sown:

Visiting some friends in the sugar-bowl region of Louisiana, a year ago, I was introduced to a family in which the mother of four children was the daughter of an old friend of mine. I had never met the lady before, nor seen any of her children, but noticing the superior quality of the teeth of the children, I could not refrain from asking her how it came that their teeth were so much better than those of her neighbors. She replied that although she had never seen me, she believed that she was nevertheless indebted to me for that fact, as several years before I had told her father of my system of lime water treatment, and by his advice she had adopted it into her family, with the gratifying results which I had remarked.

In this case, both bad environment and bad heredity were overcome, as the lady herself had worn artificial teeth before the birth of these children; both of her sisters also wearing plates.

But while this is a question of environment, it is also a question of constitutional habit, in this, that while people who are raised in other sections where limesalts are abundant, on moving into the Mississippi Delta, suffer greatly from the deficiency of the supply to which they have been accustomed—people who have lived in Louisiana for a number of generations are able to produce good teeth from the very material from which the others fail to extract a sufficient supply. Thus the younger generations of Louisiana (creoles) are noted for remarkably fine teeth. It takes, however, from two to five generations to so change the constitutional habit as to be able to form good teeth out of the meagre supply thus furnished.

A recent tour in the State of Texas has afforded an opportunity for many interesting observations concerning this question of environment.

At Houston I found the average condition of the teeth at least 25 or 30 per cent better than in New Orleans; at San Antonio the change was still more marked, while at San Marcos—situated at the foot of the mountains, where the drinking water was either from wells or the San Marcos river, all limestone water—the rule was substantial, hard, well-made teeth, at least 100 per cent better than those of the Mississippi Delta; the same condition prevailing at Austin.

Having, from so many years experience, been thoroughly satisfied as to the action of carbonate of lime on the system, I was curious to know what conditions of teeth I should find in a region where the sulphate abounded.

I visited a region of north-east Texas, where all the well water is called gyp-water, from being strongly impregnated with gypsum, or sulphate of lime.

I found here almost as good a condition of tooth material as prevailed in the mountains of south-west Texas, the most noticeable difference being the remarkable prevalence of pyorrhœa alveolaris.

The difference in the condition of the teeth in the carbonate and sulphate regions of Texas, as compared with the lowlands of Louisiana, is much greater than would seem possible to one who had not seen and studied it. Indeed, the changes in the geological formations passed over seems to affect the character of the teeth quite as distinctly as it does the other conditions of fauna and flora.

After practicing for twenty-five years in the Mississippi Delta, it was a positive luxury to me to see the fine, large, solid, well-formed dental structures of western Texas. There is not more than one-fourth of the necessity for dental services that exists in the lowlands, the worst enemy to the teeth being, as said before, pyorrhœa alveolaris; the demand for filling being almost entirely confined to immigrants and new settlers, and rare among the native inhabitants.

The character of the teeth would thus seem to be entirely a matter of environment, heredity and intelligent care, and not at all one of climate or latitude.—Southern Dental Journal.

<sup>—</sup>An English paper gives some of the curiosities of medical life. One doctor lunches every day at a castle where the household is very large, and his chances for a patient excellent. He meets some of the best company in England, and charges a guinea for each attendance. A very wealthy man near a large city cannot bear to be alone at night, so an eminent physician gets \$5,000 a year for lodging in the house. One young doctor has \$2,000 a year for looking after the health of an old lady. She has to be inspected three times a day, but is "as strong as a horse," and so perverse that he has great trouble with her.

# A METHOD OF MOUNTING A PORCELAIN-FACED CROWN.

BY A. O. HUNT, D. D. S., IOWA CITY.

Read before the Iowa State Dental Society, May, 1884.

One very important part of dental technics is that of crown setting.

There are many methods of doing this, some are very practical and easy of accomplishment when conditions are favorable.

When roots are crowded, the surrounding parts are subject to a class of diseases that are difficult to treat unless the pulp canal can be utilized, through which to pass the various therapeutic agents to be employed.

By the usual method of attaching a crown it is necessary to remove it whenever treatment is to be resorted to. Such removal means destruction to the crown; as one well adjusted will in nearly all cases be so badly mutilated in the operation that it is much easier to make a new one than to restore an old.

Again, most of the methods are adapted to roots that are firm and after being cut off to the line of the gums, retain all their normal strength and form. It is often necessary to operate with roots whose buccal, lingual or lateral walls are disintegrated nearly or quite to the alveolar process.

The interior of the root may be coned out deeply, exposing frail and ragged edges, with the gum tissues overlying these edges.

The method I shall attempt to describe is one suited to these latter cases, i. e., roots with frail and ragged edges, with the gum tissues overlying and filling the crown end. The following method will overcome most if not all of the difficulties in the way of success, and allow the setting of a crown that is durable, and useful. To get good access to the root, first pack it with soft gutta-percha pellets, pressing the material out over the edges and building on until the gum is displaced, so that when the gutta-percha is removed a large and free opening is had through the gum, and the edges of the root are fully exposed. This packing should remain two or three days. With a thin platinum ribbon(33 guage) form a tube, place it over the end of the root and bind with fine wire, twisted until the platinum conforms to the shape of the root.

If the edges are too frail, fill with amalgam in the following manner:

First roughen the inner side of the root or cut ledges if admissible with an engine burr. Select a broach that will enter the apical

foramen. Leave this in the canal while inserting the amalgam. Restore the contour if lacking at the same time, and withdraw the broach carefully

The channel thus formed will be a guide in drilling. Wait a day or two for the amalgam to harden; now the end of the root will present a firm face and shoulder, nearly as good as though the walls had never been destroyed.

With tooth over root in place, prepare enough plaster (plaster two parts, sand or asbestos one part), and take an impression of this and adjacent teeth, seeing that the plaster fills the tube down to the root.

When the impression is removed with the band, dry thoroughly. Pour into a Babbitt metal, (Grade C), or Watts or Reese metal.

Break away the plaster and remove the platinum tube, trim away in the metal that portion that corresponds to the gum tissue, leaving a correct model of the end of the root over which to place the permanent band of gold. Fit this tightly to the model, turning a flange over the labial edge, as a rest for the porcelain face. Now prepare the following; Hollow platinum wire(No. 60), a twist drill a trifle smaller than the wire with cutting end cone shaped, so that it leaves the bottom of the drill-hole in that form.

Hard wax composed as follows: Gutta-percha one part, pure beeswax two parts, and sufficient resin to form a mass that will be hard at the temperature of the body. Platinum rolled foil (say No.45 guage to be used as backing for the crown). Put the gold band in place over the root in the mouth, so that the flange is below the gum line.

Follow the pulp canal with the drill, securing as deep a socket as may be.

Select a suitable plain plate tooth (pins cross-wise preferred), grind to fit, resting the cervical end on the flange of the band.

Lay a piece of the platinum foil on a soft wood surface and press the tooth pins through it. Burnish the foil down to the tooth and over the approximal, cutting the cervical edges so that at the latter point the foil will be between the tooth and the flange.

Adjust the tooth so prepared to its place, driving the platinum tube or wire into the drill hole, allowing it to extend to the cutting edge of the tooth. With a hot instrument (flat burnisher), melt hard wax about the tube, inside the band and on the backing of the tooth.

Arrange everything now as you would have it when finished. With plaster and sand, or asbestos, the same as before, take an

impression. Should the tooth and band not draw out with it they can be removed and put in place in the impression.

Fill all with a mixture of plaster and sand. Remove the cup and trim down on the lingual side, exposing and removing all the wax. Bend the tooth pins up close to the tube, fill the tube with a piece of broom straw dipped in wet plaster.

Flow solder around these and down over the thin platinum backing until the whole is united to the band at the flange, and a good body of it on the backing. Fit a shell of gold the same grade as the band to the lingual side, resting on the band and fitting the backing closely at the approximal edges and around the tube, which should extend outside of the side of the shell. Solder this in place and finish with files, etc., to a contour corresponding to the tooth being mounted.

Whatever of the tube projects, file off as surplus material.

Place the crown when finished in place, perfect the articulation. Remove and attach with cement (Caulk's Diamond preferred).

When mixed to the consistency of cream it gives ample time for the work, and sets hard and firm. Remove the piece of broom corn and plaster from the tube; free access can thus be obtained through this channel, for treatment now or at any future time.

Fill the tube nearly to the end with cement, closing up with a goldfilling.

The advantage of this method will be readily seen. It can be used on any tooth, in any part of the mouth.

In bicuspids with two roots, two tubes may be used; and the shell for the lingual side, formed over a piece of dry hickory or other hard wood or swaged over metal dies. In molars a tube may also be used for each root.

Another advantage is in having a hollow pin or wire, nearly the combined length of root and crown, firmly imbedded in cement, giving great strength with lightness. Another, the crown is easy of construction, requiring only those instruments usually found in any well-appointed dental office. Still another, it is durable; and the manipulation is positive and adapted to any shape of root.

In one case where this method was employed the root was but 3/8 of an inch in length (a superior second bicuspid) and quite loose, accompanied with ulceration. So frail that any method of band crowning would have been doubtful.

By this method and with good results in treatment after seventeen months of usage, the root is firm, the crown unimpaired, and all doing the service of a good tooth.

#### THE PENNSYLVANIA ANATOMICAL ACT.

The medical profession in some of our States, and especially in Illinois, are taking active steps toward obtaining new Anatomy Acts. In view of this fact, and of the recent passage by the State Legislature of Pennsylvania of a new Act, it may be worth while to lay before our readers a brief sketch of the law and of its excellent working. In our issue for August 11, 1883, we published the full text of the law as proposed by the anatomists and enacted by the Legislature.

It provides a State Anatomical Board composed of the professors and demonstrators of anatomy and of surgery of all incorporated medical and dental schools, and one representative from every such private school. This board shall distribute to each school, in proportion to the number of students in their anatomical and surgical classes, all unclaimed and unknown bodies, which would otherwise be buried at the public expense. Each school reports to the board, at stated times, its number of students as a basis of such distribution. In each country of the State unclaimed bodies may be delivered through the Board to any physician in the country who complies with the provisions of the act as to filding a bond. Thus it legalizes dissection throughout the State, and affords facilities for anatomical study to those who could secure no such opportunity, except by leaving their practice and coming to Philadelphia. All bodies not so needed in each county are, at the expense of the Board, forwarded for use in the large schools, whose students come from all parts of the state.

This act has only been in operation practically since September, 1883, yet its good results are already apparent. To put such a law in operation in many counties in the state and in the numerous institutions, has required a large amount of labor and much patience and tact. Prejudice has in some cases only slowly yielded, but gradually the operation of the law is being extended over a large area, and, as the figures will show, it is working most satisfactorily. The voluntary Anatomical Association, which preceded the present Board, received and distributed in the year 1879-'80, 243 subjects: in 1880-'81, 222 subjects; in 1881-'82, 302 subjects; and in 1882-'83, 244 subjects, In the yaer ending April 1, 1884, there were received 283 subjects, but the law had then just begun to be enforced. In the first half of the present year there have been received in all 232 subjects. As the field of operation of the law is being gradually extended, it is fair to estimate that the supply for this year will reach at least a total of 400, and possibly even more. Even this number. however, is far too little for the wants of our great schools. The Board, however, are gradually putting the law in working order in counties as yet unreached, and the supply will soon be adequate to all the demands of the schools for properly educating their students.

The Pennsylvania Anatomy Act has been proved by its working to be the best law in force in the country, and we are glad to léarn that the professions in Illinois will endeavor to have substantially the same law passed. We bespeak for them all the help our readers can give them. They have gone to work in the right spirit, and with a systematic effort which deserves and should command success. Such a law is the only means to provide the physician with a knowledge of this fundamental study; and is the surest means of preventing desecration of graveyards,—a crime which is so shocking to the moral sense of the entire community.—*Medical News*.

#### UNCONSIDERED FACTS IN DENTAL JOURNALS.

#### BY A LAYMAN.

It is a noticable feature that although dental journals do not pretend to afford amusement to either professionals or laymen that they nevertheless do treat of teeth in a jawious manner. Is it not possible that in the future they may let us know about the tooth of time? Why it always eats forward, why it will not eat backward, and how it may be turned. We have heard of the skin of the teeth ever since Job escaped with it, but no one has ever told us how to get it off without disturbing the hair on them, or how we can tan it after it is off. What did Job do with it, after he escaped with it? Laymen would like to know about the dentistry of the harrow and horse rake. How shall we fill their teeth? What kind of manure will cause the greatest increase of filling? We all like toothsome food but don't always get it. Why not? If it is not toothsome is it because it has no teeth? Can we have false ones made for poor food that has to gum it? How interesting is the dentistry of the fine tooth comb. Why do mothers when they use it on the heads of their boys try to fill the teeth and when they do succeed take it out again and put it between their thumb nails? The remark "this is too thin" is often heard. What does it mean? Who is toothin? Answer to these questions will make dental literature interesting to a large number of readers, and people of different callings.

Notes from a Druggist's Order-book—"Carbolic assid;" "surep epcak;" "perovd bark and allus" (Peruvian bark and aloes), "I ounce of grose of suppliment;" "bourous plaster;" bickrement off potash;" "prock mate of potash;" oberdelduck;" "read percipity;" "corgal for a baby;" "keyan-pepper, cam fire, lod nom, rheu' bob, pepper mint."

## EDIMORIAL.

#### Volume III.

The new volume starts out with most flattering prospects. The most of our old subscribers have expressed their appreciation of The Dental Practitioner by renewing subscriptions, and many new ones are constantly arriving.

This imparts to all connected with its publication renewed energy, and stimulates them to continue, with increasing zeal, their efforts for its improvement.

Many prominent men in the profession have assured us that they may be depended upon to contribute to its pages during the coming year, and we can promise our readers an abundance of fresh and instructive matter with each issue.

During its two years acquaintance with the profession it has made many warm friends whose encouragement and assistance are duly appreciated, and which, by merit, we hope to retain. Believing it to be *worthy* the esteem and support of *all*, we also hope to find expression of these sentiments in a greatly enlarged subscription list.

Its new editor makes his introductory bow in this number. He brings to the Journal ability, energy and determination—qualities which go far towards making any undertaking successful—and while he is known to our readers as a frequent contributor in the past, it is a matter for congratulation that each succeeding number will have the benefit of his personal attention.

Its senior editor will in no way relax his endeavors, and if the Journal was good in the past it may confidently be expected to be *better* in the future.

Our aim is high. We desire that The Dental Practitioner shall stand in the estimation of its readers, second to no other dental publication. Its quality shall be maintained, and as opportunity offers, its size increased until this object is accomplished.

Do our aims and objects appear to you worthy? If so we ask your aid in an effort of which we hope to make you proud.

We wish for all our readers a happy and prosperous New Year, and trust that those who have not already done so, may contribute towards making ours happy by forwarding their subscriptions at once.

Use the blank preceeding advertising pages.

#### LIBRARIES OF DENTISTS.

An intelligent service on the part of a dentist implies his possession of two essential requisites; a thorough knowledge of dentistry, in the widest sense of the word, and the means by which that knowledge can be expressed. Much has been written in reference to the means, and the sum of it all is that his equipment of instruments should be complete. In no condition inferior to this, should be his knowledge. The same zealous care that guards the operating case, should therefore watch with vigilance the interests of the library; for, though knowledge is not always derived from books, they are unquestionably the great highways of learning. A glance at a dentist's library will put one in possession of the trend of his mind, and a tolerably accurate estimate both of the breadth of his general culture, and the extent of his special knowledge may be formed.

It is not our province to indicate here what in our judgment constitutes a complete dental library, by naming volume after volume. but rather to invite attention to two practical thoughts which seem to us to have a vital bearing upon the subject. The motives which actuate individuals in the purchase and preservation of books are many and various; therefore only in proportion as the motive for its existence is expressed by a collection can the term complete be applied to the library, be it large or small, and in this light, completeness consists not in the number of the volumes. A minister in possession of a large and extensive library of choice and valuable books, would hardly claim it to be a complete theological library, if there were no works in it on theology to aid in practical sermonizing. Nor would a lawyer consider his library complete, be it ever so full of law books, if it contain not all recent important court decisions. A dental library then to be complete must express dentistry, and contain all the recent knowledge which is found only in the journals. Dental journals are therefore an essential addition to a library of text books in order to render it complete, and may often constitute in themselves a valuable library.

It is well for every dentist that can afford the expense to make for himself a full library of text-books, but as he would advance let him not forget to obtain too, the journals of his profession; and he who has but little to spend, though he have but few text books, will expend that little to the best advantage in subscribing for the dental periodicals, as by these he is made the possessor of a most extensive library of a very practical nature. In them he will find not only new material but also the principles culled from the text books, and the richest practicalities to be found in the libraries of others.

The outlay required of each dentist to thus place and keep himself abreast with his compeers is indeed very small, for a calculation reveals that ten cents a day devoted to the matter, will each year prove a sufficient sum to secure the regular issue of most, if not of all, the dental journals.

In a late copy of one of the leading journals is recorded this truth, "No practitioner who desires to keep abreast with his confrères can afford to dispense with the periodical literature of his profession." We heartily add our voice to impress this, but desire it to be received without any such narrowing statement as that in which the enunciator continues, when he says "This self-evident truth being granted the question remains to be decided, which journal will be of greatest value to him." We do not believe that it is possible to make such decision among the limited number of dental journals issued, without loss of much that is valuable. There are not too many. All these fountains of knowledge are needed, and dentists should give them substantial encouragement. This conscious aid can be given in two ways,—to the publishers and to the editors.

Publishers cannot issue their journals and send them to members of the profession for nothing. Their individual interests are undoubtedly benefitted by such publications, but a comparison of the amount accruing to their benefit, with the cost of production will give a result too unsatisfactory to warrant a continuance on this score alone. As they do the dentist good he wants the channels of communication kept open, and should see that his mite is given to this end, and his name enrolled on the subscription list.

For similar reasons it is not well to be contented with constantly receiving what others have to offer, but all should learn to give a little in return. Naturally dentists are constantly thinking out problems connected with their daily labors, and each from time to time settles points in practice for himself. In many more instances than is generally supposed by the individual these thoughts and conclusions would be of interest to others, and if recorded prove steps which might ultimately lead to important conclusions by the profession at large. It is these thoughts, expressed in plain language, that are wanted by the editors of journals. The prevailing opinion that an article for publication must needs be an extended number of pages filled with words is a great error. Horace Mann spoke a great truth when he said, "never was a severer satire uttered against human reason, than that of Mirabeau, when he said "words are things." That single phrase explains the whole French Revolution. Such a revolution never could have occurred amongst a people who spoke things instead of words. Just so far as words are things, just so far the infinite contexture of realities pertaining to body and soul, to earth and heaven, to time and eternity is nothing. The ashes, and shreds, and wrecks of everything else are of some value; but of words not freighted with ideas, there is no salvage. Words are but purses, things the shining coin within them." Send to the journals the coin even though the purse must be very plain, for an idea is like an avenue,—to be opened up, graded, paved, and lighted. Everyone may not have the ability to do all of this work.—to look at the idea in its different aspects; but if the one in which it is perceived is recorded, others will surely be added by those who look at it differently. It is impossible for the editor of a journal to make the subject matter rise higher than the fountain head, and if better journals are wanted they must be fed, and even led by the energy. culture and wisdom of the individual members of the profession. Give to their pages, therefore, freely, for truly then the journals will be. even without other books, a rich and choice library worth to him who has them, not only the paltry money expended, but hundreds of dollars, and this high value will grow as living, working, practical thoughts are contributed to their pages.

L. A. F.

#### ALUMNI ASSOCIATION OF THE PHILADELPHIA DENTAL COLLEGE.

The regular monthly meeting of this Association was held on Tuesday, December 2d, at 8 P. M. An interesting lecture on "Socrates and his Times" was delivered by Prof. James E. Garretson. The subject for the next meeting will be "Emotional Sensation."

Chas. E. Pike, d. d. s.,

Secretary.

—A doctor was lately brought before the German tribunals for having neglected to keep himself informed as to modern methods of practice. A servant who received a wound in the chest in April last died from septicæmia under the care of this doctor, who, despising aptiseptic dressings, treated his patients according to ancient usages. The court held that "every practitioner should keep himself informed ont he accomplished progress of science, and have an exact knowledge of modern systems of treatment. If these had been employed the patient's life might have been saved, hence the liability for negligence." The Court of Appeals sustained the judgment.

A Charleston dentist announces: "Teeth egstracted without pane or the yuse of gas at reasonable prices," and a friend said: "Dave, you ought to have that sign spelled correctly. Folks wouldn't trust themselves in the hands of a man so ignorant of spelling." Said the tooth-blacksmith: "Look here! You needn't think I don't know how to spell. I had that sign done that way so the yahoos round here would know what it meant."

#### TOBACCO SMOKE.

Zulinsky has recently published in a Polish medical paper the results of a large series of experiments on men and animals. He has found that the smoke is a powerful poison, even in very small quantities. In the case of man, tobacco smoke, when not inhaled too freely, is only deleterious to a certain extent. Zulinsky declares that the poisonous character of the smoke is not entirely due to the nicotine which it contains. Tobacco smoke rendered free from nicotine remains poisonous though not to so great a degree as before. The second poisonous principle is an alkaloid, colidin. Carbonic oxide, hodrocyanic acid, and other noxious principles, are also contained in tobacco smoke. The bad effects of excessive smoking depends very much both on the kind of tobacco consumed and on the manner of consuming it.

In cigar smoking, the greatest amount of poison is inhaled; in cigarettes much less, in pipes still less, whilst those who indulge in the nargileh or any similar luxury where the smoke is drawn through water, take tobacco in its least mischievous form. Such are Zulinsky's conclusions. There can be little doubt that many of the light-colored tobaccos have been partially bleached in order to give them that pale tint which moderate smokers believe to be an infallible indication of mildness. The decolorizing agent is suspected to be, in many cases, a deleterious chemical compound. the light tobaccos smoke exceedingly hot, owing to the quantity of woody fibre which they contain. This is especially the case with "bird's-eye," which is cut near the stalk of the leaf, the slices of the midrib, thick in this part of the leaf, giving this variety of tobacco the characteristic appearance from whence it derives its name. "Bird's-eye" is very apt to cause inflammation of the tongue, on account of the irritant character and heat of its smoke: and, together with other light tobaccos, must act very prejudicially in elderly smokers, who may be prone to cancer of the tongue or lip. Dark tobaccos are readily adulterated: but when pure they are probably the most wholesome for pipe-smoking.—British Medical Journal.

#### EFFECTS OF TOBACCO ON YOUTH.

Dr. G. Decaisne has made special observations of the effects of tobacco in thirty-eight youths, from nine to fifteen years old, who were addicted to smoking. With twenty-two of the boys there was a distinct disturbance of the circulation, with palpitation of the heart, deficiencies of digestion, sluggishness of intellect, and a craving for alcoholic stimulants; in thirteen instances the pulse was intermittent. Analysis of the blood showed, in eight cases, a notable falling off in the normal number of red corpuscles. Twelve boys suffered frequently from bleeding of the nose. Ten complained of agitated sleep and constant nightmare. Four boys had ulcerated mouths, and one of them contracted consumption, the effect, Dr Decaisne believed. of the great deterioration of the blood, produced by the prolonged and excessive use of tobacco. The younger children showed the more marked symtoms. and the better-fed children were those that suffered least. Eleven of the boys had smoked for six months; eight, for one year; and sixteen for more than two years. Out of eleven boys who were induced to cease smoking, six were completely restored to normal health after six months, while the others continued to suffer slightly for a year.—Scientific American.

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Aublisher Aental Aractitioner,

Thirteenth and Filbert Streets, Philadelphia, Pa.

Enclosed find 50 cents, for which please send me the Denral Practitioner for the year 1885.

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### Purpolene Varnish!



### Something Rew!

USED IN VARNISHING PLASTER MOULDS FOR VULCANIZING RUBBER, DENTAL PLATES, RUBBER STAMPS, &c., &c.

Imparting a smooth surface, without destroying any of the fine lines in the Mould.

PRICE. (including Brush) 25c. per bottle.

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### MANUFACTURER OF DENTAL FILES,

OF ALL DESCRIPTIONS, WARRANTED EQUAL TO THE BEST MADE.

USUAL DISDOUNT TO WHOLESALE DEALERS.

FACTORY: No. 524 Sargeant Street, Philadelphia, Pa.

F. R. FABER, D. D. S.

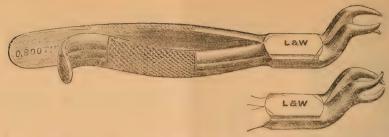
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1205 CHESTNUT STREET.

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Instructions given in Continuous Gum Work.



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Since making sample pair of these Forceps for Dr. Booth, from his original pattern, we have had constant inquiry and demand for them, showing they have met the need long felt for a proper Forcep in Extracting Upper Molars, where the crown is broken, or partly broken away. The above cut gives a correct idea of their form, so that further explanation we feel unnecessary.

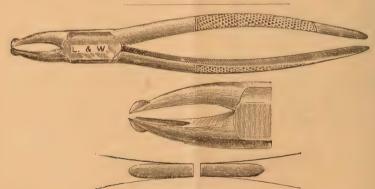
PRICE PER PAIR, N. P., . . \$3.00

### THE CARMICHAEL

### Universal Rubber-Dam Forceps

We are prepared to subply the above, adapted to the Carmichael Clamps, from suggestions and patterns furnish us by Dr. J. P. Carmichael. We have also modified them so they will do same work as the Bowman Allen Forcep, making them the most "Universal" R. D. Forcep offered.

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### o. H. BRIGHAM'S Exterior Lance Forcep.

We quote Dr. Brigham's explanation of manner in which his Forcep is used:—"It is placed on the crown, and opened wide enough to go outside of the Root and Process, then pressed in place and Root extracted, breaking no process, except what is included within the beaks, thus freeing the cavity from all fractured process, leaving the mouth to heal much sooner.

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### LUKENS & WHITTINGTON,

DENTAL INSTRUMENT MANUFAGTURERS, 626 RACE STREET, PHILADELPHIA, PA.

### The Compound of Iodoform

For General Use for the Treatment of Pulpiess Teeth, and for Capping Exposed Pulps, Etc.

PREPARED BY DR. WM. C. FOULKS.

Composed of Iodoform, Hydrate of Chloral, Acetate of Morphia, Chlorate of Potassium, Sulphate of Zinc, and Oil of Cloves, Cinnamon, Cajepute, Eucalyptus,

Turpentine, and Glycerine, quant. suf.

This paste is free from objectionable odors, will not SPOIL or DRY if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never alters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a number of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure-all," but one that will GENERALLY be amply sufficient for the permanent or temporary dressing of canuls, and for capping pulps, etc. A circular, containing explanations and directions, accompanies each box.

Put up in 4oz. wide-mouth glass bottles. Price per box, \$1.50.

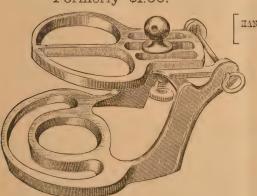
### FOR SALE BY GIDEON SIBLEY,

Trade Supplied.

Philadelphia, Pa.

### No. 1 Articulator. Reduced in Price.

Formerly \$1.00.



Reduced to 90 Cents.

HANDSOMELY FINISHED AND NICKEL PLATED, \$1.50.
If send by mail, postage extra, 10 cents

These Articulators are equal in all their fitting parts, to any \$2.00 Articulator, and are superior in weight, strength, and fittings, to any sold at \$1.00 or 90 cents.

We make but one grade, and that we make well.

### GIDEON SIBLEY,

Dental Depot,

13th and Filbert Sts., Philad'a, Pa.

**OUR RUBBER DAM** is unsurpassed in quality. We have both the dark and light colored, and put it up in convenient form for use, in strips (rolled) 5 yards long and 6 inches wide, also 4 yards long and 8 inches wide. Medium thickness. Quality guaranteed. Price, \$1.50.

GIDEON SIBLEY.

### SAMSON RUBBER

MANUFACTURED BY

### EUGENE DOHERTY.

444 FIRST STREET, Brooklyn, E. D., New York.

WARRANTED TO BE

### THE STRONGEST & MOST UNIFORM RUBBER MANUFACTURED.

It is the toughest and most durable Rubber made. Vulcanizes same as ordinary Rubber.

### SAMSON RUBBER.



MANUFACTURER OF ALL KINDS OF

### Dental Rubbers and Gutta Perchas.

### PRICE LIST OF DENTAL RUBBERS AND GUTTA PERCHAS.

		This doll is Librias.
No. 1 Rubber, per lb	\$2 25	
No. 2 Rubber, per lb. Samson Rubber, per lb.	2 75	ber, per lb
Black Rubber, per lb. Flexible or Palate Rubber, per lb.	. 2 25	ber, per lb. 4 00
Gutta Percha for Base Plates, pe	r	ber, per lb 4 00
lb. Vulcanite Gutta Percha, per. lb.	2 25 3 50	Weighted Gutta Percha, per lb 4 00
	- 00	Triume of thopping, proz. 4 00

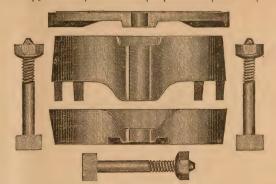
Note.—The above Rubbers and Gutta Perchas will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Dental Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

### EUGENE HOMER'TY,

444 First St., Br Ayn, E. D., New York.

### IMPROVED S ANCHOR FLASK.





The above cut represents a Flask of our own make, it being greatly improved over the old style Anchor Flask, in many respects, as follows:

It is larger in size, and much thicker, weighing nearly two-thirds more.

It has much longer guides, and is so constructed that it is impossible for the bolts to slip, thus making it the most perfect and convenient flask in the market.

Any Vulcanizer measuring 3% inches in diameter, inside, will admit this flask easily.

PRICE, MALLEABLE IRON,	<b>\$</b> 1.00,	postage,	25	cents.
Extra Bolts, per set,	.25,	"		free.
WRENCHES	- 10	6.6		4.6

### FRENCH'S

### SELECTED DENTAL PLASTER.

						7	$o_{\tau}$	-			
6	quart,	air-	tight	can,							\$ .70
12	6.6		66								1.15
16	66		6.6								1.45
24	.6.6		"								2.00
Qu	arter-l	Barr	el,				,				1.60
H	ılf	66									2.50
Or	ie .	66									3.50

We also keep slow-setting Plaster, which is preferred for Models and Flasking; at above prices. When sent by freight, porterage extra.

### LAWRENCE'S AMALGAM.

### "The Old Reliable."

This Amalgam has received the endorsement of the Profession at large for over forty years, which would seem to render any remarks as to its excellence superfluous.

### Price, \$3.00 per ounce.

Purchase only of reliable dealers, their agents, or of the inventor and only manufacturer,

AMBORSE LAWRENCE, M. D.,

476 Columbus Ave., Boston, Mass.

### MATT'S IMPROVED METAL.

### BETTER THAN ANY IN USE!

Six Ingots to the Pound,

Per Ingot. 31,00.

Printed Instructions with each Ingot.

This metal is far superior to the well-known Watt & Williams metal. It is the result of diligent research, aided by abundant leisure, and long experience in the science of metallurgy.

Watt's Metal is stronger and runs sharper than any in use, while it withstands chemical action within the mouth better than 18 carat gold.

It has no equal for lower plates, gives a much better fit than rubber, celluloid, or gold, and is good conductor of heat and electricity. Weight is often advantageous; but if shrinkage is very great a base plate of the metal may be made, and the teeth attached to it with rubber or celluloid. Most beautiful upper or lower dentures may be thus made, and no other work has greater durative. bility

Molds may be made in almost any flask, but a glance at the cut of the Watt Flask will persuade any one to buy is who intend to use the work.

Ask your Dental Depot for it, or send to

RANSOM & RANDOLPH. Wholesale and Retail Agents, 83 JEFFERSON STREET, TOLEDO, OHIO.

### KING'S OCCIDENTAL AMALGAM.

PRICE REDUCED TO \$3.00 PER OZ.

5 oz. at one time, \$2.75 per oz.; 10 oz at one time, \$2.50. per oz.

This Amalgam has been before the profession in Ohio and Western Pennsylvania for some years, and all who have used or tested it, agree that it has merits over any other Amalgam in the market.

The process of manufacture differs from that of other Amalgams, and

### by a new invention

Dr. King is enabled to obtain better results, both in regard to COLOR, SHRINKAGE and EXPANSION, than is obtained in any other alloy in the market.

Test for color consists of sixty grains of Sulphuret of Potassa, dissolved in one cunce of water. Amalgam plugs to be left in this solution twenty-four hours or more. The Occidental will remain bright after this test, and we know of no other Amalgam, at even double the price, but that will discolor. All who would use the best should buy it.

Ask your Dental Denot for it, or send to

RANSOM & RANDOLPH, Wholesale Agents, 83 JEFFERSON ST., TOLEIO, OHIO,

### 1885

### "OHIO STATE JOURNAL OF DENTAL SCIENCE:"

GEO. WATT, M.D., D.D.S., Editor, Xenia, Ohio. Monthly, 48 to 56 pages, making 600 pages reading matter during the year, exclusive of advertisements, For Subscription price of \$2.00. Published by

### RANSOM & RANDOLPH, TOLEDO DENTAL DEPOT,

Dealers in every Instrument and Article used by Dentists and Surgeons.

All the Leading Goods in Stock, and Supplied at Manufacturers' Prices.

A Large Stock of JUSTI'S and WHITE'S TEETH, and the WELL-KNOWN SIBLEY TEETH always on hand.

Address all orders and subscriptions to

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### ANÆSTHETIC.

we we have recently purchased of Dr. C. G. Von Bonhorst, now of Pomona, Cal., at considerable expense, his tamous Anaesthetic and Applicator, with complete apparatus for manufacturing and putting up the same. This 'anaesthetic is so well known in this vicinity that we only consider it necessary to state that it is again in the market. As to its genuineness we refer to Dr. Von Bonhorst, who has sent all orders which have been sent him since he went to California to us. We call attention to a few of the prominent dentists who have used and can recommend the Anæsthetic,

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Dr. VON BONHORST'S

### **ANÆSTHETIC**

from the time it was first obtainable to the present, I take pleasure in saying I consider it of great utility,

### Lessening the Pain

incident to some of our most severe operations.

CINCINNATI, February 7th, 1884.

A. BERRY, D. D.S.

President of Mad River Valley and Ohio State Dental Societies



I have treated a score of

### **Exposed Nerves**

both those that follow excavating, as well as those exposed from decay, and

### Not One Failure.

All treated by the aid of your preparations.

D. R. JENNINGS, D. D. S., Ex-President Chio State Dental Society.

My experience with your goods is similar to that of Dr. Jennings.

PROF. J. TAFT.

C. BRADLEY, Dayton, O.

V. F. ELLIOTT, Minneapolis, Kan.

I. WILLIAMS,

Ex-President Ohio State Dental Society.

The above illustration shows style of package and label-about two-thirds size.

Price of Amesthetic, per Bottle, - - - - - \$1.50.

Price of Applicator Reduced to - - - - - - - - 1.50.

### SPENCER & CROCKER.

OHIO DENTAL AND SURGICAL DEPOT,

TRADE SUPPLIED.

CINCINNATI, O.

Send One Dollar for Sample set of "Sibley's" Teeth.

See Illustration on another page, of a few styles of "Sibley's" Plain Teeth.

Try a sample Package of Sibley's Gold and Platinum Alloy, which is the best.

Our Medium Rubber Dum is superior—none better in the market. Put up in convenient form, 5 yards long, 6 inches wide, also 4 yards long and 8 inches wide. Price \$1.50.

The Improved Anchor Flask, is the best in the market.

The "Eclipse" Rubber is stronger than most, and as strong as any. It packs and finishes easy.

Wilkerson, Morrison Student, Cycloid, Archer, or any Dental Chair can be ordered of Gideon Sibley.

A Battery and Electric Mouth Lamp, complete and ready for use. Price \$18.00, for sale by Gideon Sibley.

No small sized Battery, to compare with this, has ever been placed before the Profession, Holding about one-half pint of exciting liquid it actually replaces a battery containing several gallons. No material is consumed, while the Battery is not being used.

The No. 1 Articulator has been reduced to 90 cents, (by mail 10, cents extra), GIDEON SIBLEY.

The Compound of Iodoform, should be in every Dental office.

See advertisement.

### Dr. J. FOSTER FLAGG'S SPECIALTIES.

These "Specialties" are offered with the assurance that they are such as are progressively taught and used by Dr. Flagg, and that every lot of each material is *tested* and *approved* by him before being sold.

HAND-MADE GUTTA PERCHA STOPPING, (1/4 oz. pkge,) per ez. \$	35.00
"CONTOUR" AMALGAM ALLOY, "	4.00
"SUB-MARINE" "	3.00
At the contract of the contrac	2.00
OXY-CHLORIDE OF ZINC, per package,	
"AMBERLINE" (Tooth-soap,) per box, 50c. EAU BOCO (Tooth-wash,) per bottle	
	,) 75c.

FOR SALE AT DENTAL DEPOTS,

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### PEIRGE'S AMALGAM.

### PURITY, PERMANENCY, PLASTICITY.

This Amalgam is made from strictly pure materials and from the formula of Prof. C. N. Peirce. It was first made by Dr. Peirce for use in his own practice, and has become deservedly popular with those who have been for some years constantly using it. Its color, edge-strength and toughness render it one of the the most desirable plastic filling materials, while shrinkage or expansion are not perceptible. Each package of Amalgam will contain a piece of specially prepared "Asbestos Felt," with directions for its use as a capping for exposed pulps, or as a non-conducting septum between sensitive dentine and metallic fillings.

Price, \$4.00 per oz. Put up in ounce and half-ounce packages.

For Sale, Wholesale and Retail, by GIDEON SIBLEY.

### PHOSPHATE OF ZING GEMENT,

Dr. C. N. PEIRCE.

The properties of this Cement have been well tested, and not found wanting. It does not deteriorate with age. Directions accompany each package. It can be procured of dealers in dental supplies, and in quantity of the S.S. White Dental Manufacturing Co., Johnson & Lund, and of the Manufacturer, 1415 Walnut Street, Philadelphia.

Price, per Package, \$2.00. Liberal Discount to the Trade.

FOR SALE BY GIDEON SIBLEY.

### EDWARD ROWAN & CO.,

196 Third Avenue, New York,

MANUFACTURERS O	F TH	E					
"DECIMAL GOLD FOIL" Per ounce,							\$28 00
"DECIMAL GOLD ROLLS"  "DECIMAL ROLLED GOLD"	oun	ice,					3 00
"ROWAN'S IDEAL ALLOY" No. 1, Per ounce,							5 00
"ROWAN'S IDEAL ALLOY" No. 2, "			*				3 00 1 00
"IDEAL CEMENT," with pigments, per package,				• 1	•	٠,	1 00

Try some of our Rubber Dam, in handsomely decorated air-tight Boxes; new make; light colored and very tough, per box \$1.00.

S. H. GUILFORD, A. M., D. D. S., (Professor of Operative and Prosthetic Dentistry, Phila. Dental College,), has permitted us to state that he uses and recommends our "Gold Rolls."

FOR SALE BY GIDEON SIBLEY.

### GEO. W. FELS. COHESIVE and SOFT GOLD FOILS,

112 West Sixth Street, Cincinnati, O.

--- ESTABLISHED 1879.

This improved SOFT FOIL will be found extremely tough; it is SOFT and KID LIKE, and can be brought to any degree of cohesion by annealing, thus combining soft and cohesive foils. By sending draft or Post Office order to the above address, we will forward without extra expense.

1-8 oz. at \$3.75, 1-2 oz. at \$14.00, 1 oz. at \$28.00.

This Foil can be returned if not as represented.

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### SHOP-WORN GOODS.

One No. 2 Archer Chair, covered with red plain Plush, with Footstool, in good cendition, price,	<b>\$</b> 30 00
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condition,	25 00
One Conical Base Celluloid Apparatus, complete (good as new)	10 00
One Bonwill Electro Mallet and New Battery, with four Cells, complete in	
box, in perfect condition,	35 00
One "Snow's Standard Saliva Elector," complete, (slightly shop-worn)	13 50
One S. S. White Wall Cabinet, (in good condition),	15 00
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One Snow & Lewis Extension Bracket, Bronze, with Drawer, shop-worn (original	
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Boxing on above goods extra.	

### GIDEON SIBLEY,

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ESTABLISHED OVER SIXTY-FIVE YEARS.

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No. 230 Pear Street,

——PHILADELPHIA ——

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### DENTISTS' FINE GOLD FOIL.

SOFT OR NON-GOHESIVE, AND GOHESIVE,

ALL FROM ABSOLUTELY PURE GOLD,

### THE LEWIS

### NITROUS OXIDE GASOMETER



This Gasometer is believed to be the

### Best and Most Convenient

for the price yet produced.

Made of best Calvanized Iron, highly and artistically ornamented. All bright parts nickel-plated.

IT IS FITTED FOR EITHER A 100 OR 500 GALLON CYLINDER.

### Contains an effective Water Seal

### PRICES.

No. 1, Lewis Gasometer, \$30.00 No. 2, Lewis Gasometer, \$25.00 Boxing included.

The No. 1 and No. 2 are identical in construction, the difference being in ornamentation.

The above prices are for the Gasometer and Stand alone. For further particulars and prices of complete outfit see circular, which can be obtained at any Dental Depot in the United States.

FOR SALE BY ALL DEALERS
IN DENTAL GOODS.

Manufactured only by Buffalo Dental M'f'g Co., Buffalo, N. Y.

### REDUCTION IN PRICE.

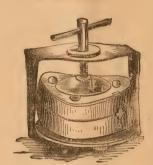
### G. E. DONHAM'S

### Spring Pressure for Flasks.

No Denvisa

MO

HLONG



PATENTED.

GAN AFFORD

GEM

Шілноит Іт.

The advantages of Spring Pressure over rigid pressure are obvious in many respects. It saves time in packing, does away with the bolts, which are continually getting out of repair, avoids the liability of displacing and breaking blocks, and insures the dentist that his flask is together in

the vulcanizer, as the pressure is retained on the flask while the rubber is in its most plastic state.

By using good judgment in the amount of rubber required, the necessity of opening the flask

is obviated.

The springs are adjusted to Whitney's vulcanizers, and can be used in nearly all other vulcanizers now in use, and are of three sizes to suit the different sized vulcanizers, holding one, two or three flasks as the case may be.

### DIRECTIONS FOR USE.

Cut channels for the escape of surplus rubber; heat up the part of the flask containing the teeth hot enough to make the rubber flow easily under the pressure of the spring; lay in rubber enough to make the plate, put the flask together in the spring, turn down the screw; if the flask comes together so easily that you are in doubt about having in enough rubber, you must open the flask and put in more; then replace it in the spring, turn down the screw and put in the Vulcanizer without any care about the flask coming entirely together, the spring will take care of that.

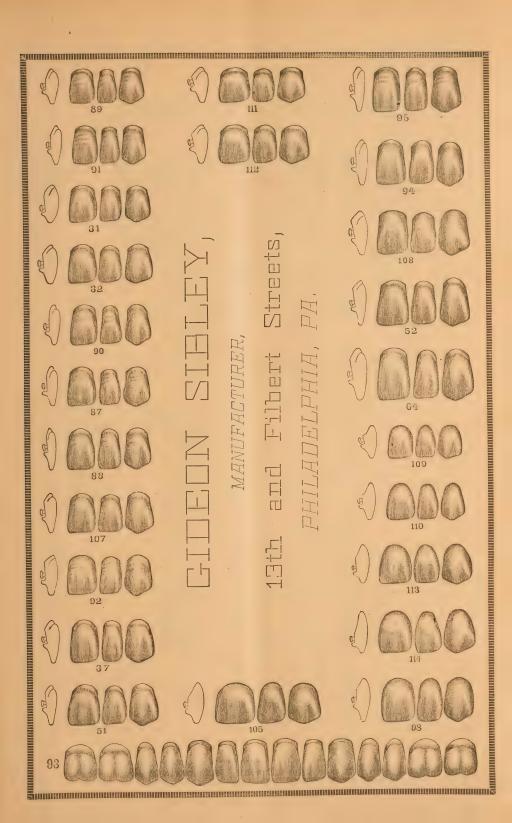
Former Price of Springs, each, \$3.50. Price of Brass Flasks, each. \$1.00. SPRINGS REDUCED TO \$2.50.

Thousands of these springs have been sold, and I have yet to learn of the dentist that gave them a fair trial and then discarded them.

G. E. DONHAM, Rockland, Mass.

Manufactured by HOOD & REYNOLDS' Dental Depot,

74 Tremont St., Boston, Mass.



# ONE POUND. BOLLPSE VALUE G. MAKE. DENTAL BUBBER. MANUFACTURED EXPRESSIVE FOR GIDEON SIBLEY; Dental Depot, THIRTEENTH AND FILHERT STREETS, PHILAD A. PA. The Best Para Gum is used in the manufacture of this Rubber. It is exceedingly light in weight, very tenacious and durable, packs easily, and vulcanizes same as ordinary Rubber.

or exchange for other goods for what is returned in good order not meet the expectations of the purchaser, we will gladly refund the money, while we feel confident that it is superior to any in the market, yet, if it does This Rubber is of the class commonly termed Tough Rubber, and

PRIGE REDUCED.

PRIGE, { IN 10 LB. LOTS, 2.48

### Caulk's Filling Materials.

(ESTABLISHED 1877.)

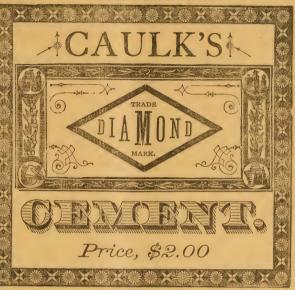
PRICE

Two Colors.

Gray & Yellow.

\$2.00

Per Package.



PRICE

One Color.

Gray,

Yellow.

Medium, Light.

\$1.00

Per Package.

FROM THREE TO FIVE YEARS' TEST, BY LEADING DENTISTS THROUGHOUT THE WORLD, HAS PROVED ITTO SE ALL THAT HAS BEEN CLAIMED FOR IT.

FOR MOUNTING ARTIFICIAL CROWNS—It has been highly recommended, is non-irritating, non-conducting, in harmony with tooth structure, has no shrinkage or expansion, and is excellent for lining cavities

and capping pulps.

IT WILL HARDEN IN WATER OR SALIVA. It does not deteriorate with age. We have some over THREE YEARS OLD, and it works as nicely as when first made. We have increased the quantity of liquid in both packages, and all bottles are lettered with "Caulk's Diamond Cement."

CAULK'S PAR-EXCELLENCE ALLOY.

This GOLD and PLATINA ALLOY is manufactured on a new principle, has won its way into popular favor, and now ranks among the best. It saves teeth where others fail. By our new method of manufacture there is no Guesswork, the molecular change is controlled, making each and every ingot always and absolutely alike in its properties.

Price in %, ½ and I ounce packages, per ounce, \$3.00.

CAULK'S WHITE ALLOY.

Zinc enters largely into the composition of nearly all (so-called) White Amalgams, and some of the salts of this metal are very destructive to the living matter of Tooth Substance.

This Alloy contains NO Zinc or Cadmium; is of a peculiar Grayish-white color, and though made expressly for Front Teeth, has good edge strength, and will stand mastication anywhere in the mouth. We have made a great improvement in it, costing more to produce it, and the price is \$4.00 per oz.

Put up ½,½, and I ounce packages.

When properly manipulated with Pure Mercury, it will retain its color under all circumstances. The Best Endorsement of it is the large amount sold during the past three years, and the increasing demand for the same. increasing demand for the same.

CAULK'S DIAMOND POINT STOPPING.

This form of Gutta-Percha, having been in the market for several years, has stood the greatest test of all—that of time. It is regarded as the hest preparation of its kind for filling teeth in ihe world.

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### DENTAL PRACTITIONER.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., EDITORS.
L. ASHLEY FAUGHT, D. D. S.

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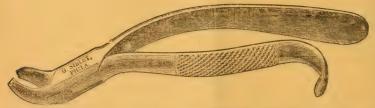
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### Dental Practitioner.

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No. 2.

### COCAINE.

BY G. G. FAUGHT, M. D., PHILADELPHIA, PA.

The discovery that one of the alkaloids of coca was an easily handled, inocuous, local anæsthetic, has brought into prominence a long known, but seldom used drug. A few words concerning it may prove of interest to the the readers of The Dental Practitioner.

Coca is the leaf of the Erythroxylon Coca, of the family Malpighiaceæ, a Peruvian plant. and has in that country, as well as in Mexico and in Bolivia, been used from an unknown period to diminish the sense of hunger and thirst in soldiers and messengers when making long journeys, and restricted in supplies of food and drink. For this purpose these leaves are constantly chewed and their result is undoubtedly due to their anæsthetic action. As far back as 1609 Garcilasso de la Vega described this use of the leaves by the Peruvian runners and makes special mention of its power to preserve strength. In later times Dr. Mantegazza, of Milan, in a work on travels in South America, observed that, "it increased the frequency of the pulse, produced a strong tendency to muscular action, and great mental vigor." Dr. Von Tschudi after chewing the leaves was enabled without great fatigue or difficulty in breathing, to ascend the Andes. He endured long abstinence from food also. The Indians and Peruvians are said to run fifty miles a day without any food except Coca.

In 1876, Sir. Robert Christison, reported to the Royal Botanical Society, of Edinburgh, experiments on himself and students with the Coca leaves. Sir Robert, always remarkable for his activity and power of endurance, found that a fifteen mile walk without food or drink was sufficient to tire him, he then proceeded to walk sixteen miles in three stages, at the second stage he took eighty grains of Coca leaf, and at the third, forty grains more; "all sense of weari-

ness vanished and he reached home without any fatigue or weariness." He had taken neither food nor drink during the nine hours of his walk, yet there was no unpleasant sensation. He did justice to his dinner and slept soundly that night. Another time he ascended Ben Voirlich (3000 feet high), two scruples were chewed, fatigue vanished, and the descent was made with ease, one scruple being taken when half way down. Neither food nor drink was taken from half past eight in the morning until six in the afternoon, neither hunger nor thirst was felt, and after a good night's sleep he awoke ready for another day's exercise. He concludes that "Coca removes and prevents fatigue, suspends hunger and thirst, without eventually affecting appetite or digestion. (Prosser James Ther. Resp. Org.)

Dr. Aschenbrandt, during some manœuvers of the Bavarian Troops, tried it on the soldiers, and reports that the seventh of a grain of the alkaloid sufficed to remove fatigue, hunger and thirst so that men could go for hours without food or drink.

The alkaloid Cocaine, was discovered by Niemann in 1860, and carefully studied by Lassen in 1864, who also found another alkaloid —hygrine. It is exceedingly strange that its anæsthetic properties were not sooner brought to light and made use of. There have been several independent observers of its therapeutical and physiological action,—its discoverer Niemann knew that it would benumb the tongue, and several observers were aware that spraying the fauces in laryngology, lessened the sensitiveness to the use of instruments. Notwithstanding all this it remained a quarter of a century among the obscure alkaloids until Koller, a medical student at Vienna, drew attention to it anew; and a position of importance, hardly exceeded by any in the Materia Medica has been accorded to it. Koller found that a solution of the Muriate of Cocaine "of the strength of two per cent. when dropped into the eye in quantities, first of two drops. and then of three drops, with ten minutes interval, gave in ten minutes more an anæsthetic condition of the cornea and conjunctiva which continued from ten to twenty minutes and then passed off gradually." (Ephemeris Vol. 2, No. 6.)

Dr. H. D. Noyes, of New York, witnessed the experiments at Heidelberg, and impressed with their importance wrote Dr. Squibb, and asked that Dr. Chas. S. Bull and Dr. A. Mathewson be at once told of it, that they might investigate the matter. This letter Dr. Squibb received on October 7, 1884. "On the 8th of Oct. 1884, the Hydrochlorate of Cocaine was first used in America in Ophthalmic practice by Dr. C. S. Bull, of New York." (Med. News, Dec. 13th, 1884.

Merck's preparation of the salt had previously been selling in gramme vials at two dollars and half, or about sixteen cents a grain,

the price rapidly advanced however to eight dollars and fifty cents a grain. All on hand in the country was soon used up and the worthy army of experimenters were obliged to wait the arrival of reinforcements from Germany. At present the alkaloid—Hydrochlorate of Cocaine can be obtained at from fifty to sixty cents a grain. Even this is not expensive when it is considered that good Coca leaves are rarely to be obtained at less than one dollar to one and a quarter per pound, and the yield of Cocaine is very variable in good hands from nothing to two per cent. As this under the most favorable circumstances would represent but fourteen grains of alkaloid to the pound, its expense in the leaf is  $(100. \pm 14 \pm)$  seven cents a grain, and to this must be added the cost of learning its manufacture, the solvents, apparatus, labor, etc.

In point of fact, however, its use is cheaper than ether, for at present rates, a fluid drachm of the four per cent. solution costs one dollar, this would make the cost of eight minims, the amount necessary for anæsthetizing the eye, eight and one third cents, while with ether it is doubtful if the most skillful anæsthetizer would use for an eye operation less than two or three fluid ounces, at a cost of from ten to fifteen cents.

Within the last three months almost every form of experiment has been tried and various results are reported. Eye and throat operations of all classes have been done under its influence. In Gynecology, lacerated cervices and perineums have been painlessly united. Minor surgical operations of all kinds are performed after subcutaneous injections. Injections into the urethra relieve chordee and the pain of mictruation in gonorrhea. Ulcers and chancres are rendered painless even when being cauterized. Ears have been filled with the solution for the relief of pain. When used by inhalation into the nares it at once relieves the "stuffed up" feeling of an acute coryza. This it does by a contractile power which it exerts upon the blood vessels. It blanches all mucous membranes. Carious teeth can be painlessly excavated and filled or even extracted after subcutaneous injection. For operations on the lower jaw the needle should be entered in the direction of the inferior dental foramen; and for those on the superior maxilla dependence must be had upon reaching the nerves of the interior by injecting under the gum near the tooth to be operated upon.

In conclusion, I would say that the entry of every new thing has three stages:—the first, skeptical; the second, enthusiastic; and the third, scientific. Cocaine has but reached the second stage.

<sup>—</sup>A NINETY-EIGHT-YEAR-OLD Mexican woman, who resides in San Luis, Col., is reported to have just cut her third set of teeth.

### THE NECESSITY OF A CAREFUL DIAGNOSIS.

BY WM. A. BREEN, D. D. S., PHILADELPHIA, PA.

There is perhaps nothing so important for a dentist, young or old, to keep clearly in mind, as the necessity of making in each case that presents a careful diagnosis. Right beginning is the only way to a right ending. This matter is undoubtedly thoroughly appreciated by most, if not by all of those engaged in practice; yet when the gravest symptoms are lacking, from the habit of routine treatment many are apt to grow careless, and errors are the inevitable result. These blunders are often either not understood by the patient, or so hidden by the operator that perhaps they never come to light; and if they do, their evil effects are borne by the sufferers, in patience, through a belief that dentistry is not able to proffer them any better service. What I mean is best illustrated by an ill-fitting artificial denture. The recognition that a plate is wanted is often all that precedes the impression, and the non diagnosis of the true conditions to be corrected in the mouth, inflicts a plate to be worn with little or no comfort generally; to be removed in eating; and sure to produce in speaking, the annoyance of a hissing sound.

Sometimes too, the diagnosis is made in too much haste, and while truth is obtained, it is more or less incomplete,—too partial indeed for prompt and successful treatment. The following incident of office practice which occurred April 6th, 1868, I will relate as

apropos and interesting:

Dr. W——, a patient of mine, wrote requesting me to call at his office to see a Mr. H——, a young man, twenty-four years of age, and of a nervo-bilious temperament, who had been suffering for ten months with an abscess caused by carious teeth. The history of the case as related to me was as follows. He had been treated for seven months by a physician, who finding it to be a very difficult case, informed him that in order to effect a permanent cure it would be necessary to lay open the abscess and scrape the bone. Mr. H—however decided that this operation would tax his nerves rather too severely, and so consulted a dentist. This gentleman removed the first superior right molar. The patient after waiting some time for relief which did not come, was recommended to try another dentist. He removed the first bicuspid, but with no better result attending his service than did that of his brother operator. This was the stage of the case when I first saw it.

Responding to the letter of Dr. W——, I made a careful diagnosis, and found a large abscess formed on the right superior palatal surface, extending from the incisors, to the second molar:

and laterally, from the alveolar border to near the median line, taking the form of a large peach stone cut in half. I told him he could be cured without the performance of any serious operation. He then made an engagement to meet me at my office the next morning. At which time, as he desired an anæthetic, I administered ether and then removed the right central; cut through the alveolar wall into the abscess, being careful not to injure the incisive artery; made an incision in the posterior extremity of the abscess, and by gentle pressure was enabled to remove nearly all the pus. After the hemorrhage which was slight, had ceased, I injected, by means of a syringe placed in the posterior aperture, a wash through the incisive opening. The wash was made of Tincture of Myrrh and luke-warm water, in the proportions of five drops to the tablespoonful. I continued the treatment twice a day for three days, at which time I changed the wash, substituting one which I believed would be more congenial to the mucous membrane. This wash, which was made by first dissolving five pennyweights of Chlorate of Potash in a pint of water, and then using one teaspoonful to half a tumblerful of water, was injected once a day for seven days, and proved to be very pleasant and healing. A tent of cotton saturated with the solution was placed in each aperture after syringing, and this was continued until healthy granulations had formed internally, which took place in less than two weeks. I then replaced the lost teeth by an artificial denture, and the gentleman was discharged cured and rejoicing.

### THE RUBBER QUESTION.

DR. W. D. DUNLAP.

It is unfortunate for the profession that with its long experience in the use of rubber, the question cannot be definitely settled as to whether the use of it in the mouth is injurious or not. I think we have had time enough, and careful experiments enough, since the material was introduced, to settle upon all its objectionable features, and compare these with those that exist with other materials, for we all know that objections do exist. I will not enter into a discussion of the relative merits of the different materials used, or the modes of doing the work, but will try to confine my thoughts to this one question: Is rubber injurious to the mouth; and if so, in what way does the injury manifest itself? It is claimed that in some mysterious way the mercury used in coloring the red rubber, passes through chemical changes, and has a great tendency to disease the mouth, and destroy the alveolar border. This is perhaps the strong-

est objection that has ever been raised, and if true, should drive all such rubber from the market.

The observation of medical men have settled beyond dispute that certain forms of mercury, when taken into the system, do act upon the salivary glands, and also upon the alveolar border and the overlying gums; the manifestations are so plain, there can be no mistake made in determining the fact; but in the use of red rubber we do not find any such clear manifestation. There are thousands of plates inserted yearly, and thousands of intelligent and upright dentists are carefully noting the results, and they as a body will bear me out in the statement, that there is no clear indication of mercurial poisoning which can be traced directly to the use of red rubber. If this is true, I should consider it safe to use it, and even if a doubt still lingers in my mind as to its being safe, I can still use the brown or black rubber; the brown contains less coloring material than the red, while the black contains none.

Another objection raised to the use of rubber, whether colored or not, is that it is a non-conductor, and the tissues become diseased by being so constantly covered with it. There probably may be some truth in this statement, but I have yet to see a mouth presenting conditions of disease different from what I have seen with gold, silver or celluloid plates. The red, granulated appearance of the palate, and the destruction or entire loss of the alveolar process has been noticed time and again, but these conditions are found independent of the material used, and arise from causes outside and independent of such material, as I will proceed to demonstrate.

I will first give the result of my observation on the strawberry granulation, which I have invariably found in mouths that showed a granulated surface prior to the use of plates; the only change therefore noted is in the color; there is no irritation or increased sensibility noted in such cases, and the dentist usually is the first one to notice the peculiar color. There is no bad odor, if the mouth and plate are kept clean, and usually this condition is found to exist with patients who have the class of teeth we all so much dread, viz: chalky teeth, which dissolve easily, and go, the efforts of the dentists to the contrary. Here I think we get a hint as to the cause of the rapid and complete absorption that has been alluded to, and erroneously attributed to the use of rubber plates; for we find the same condition in the mouths that wear no plates at all, in those that wear gold or rubber; and if you will note the cases that come under your care, I think you will agree with me that these chalky teeth are surrounded by a soft and spongy alveolus, that wastes away rapidly after the teeth are extracted, and often disappears entirely. A firm, dense alveolus will not do this, as a rule. Sometimes we find only a por-

tion of the border thus destroyed. A case now on hand shows the cause of this: A lady who had all remaining teeth in the upper jaw extracted a year ago continued to wear a partial plate, that had a few front teeth on it; this plate was worn for a whole year, and used in eating; the result is the entire destruction of the border over the plate, and a bending forward of the ridge tissue. This was a plain case of absorption from pressure; and I found the strawberry tint on palate graded in color along the line of pressure—the deepest where the pressure was the greatest—and I have always found this so. I have in hand other and similar cases, showing first grade of color to correspond with amount of pressure, and absorption of border over all cases where an upper plate antagonized only a few lower front teeth. Dr. Ford gives his experience with a case where, after inventing nearly a dozen plates of rubber and celluloid, he finally succeeded with a double gold plate. I do not attribute his success to the gold, but to the fact that the border had entirely gone, and the changes ceased. I asked him if this was not one of the spongy kind.

I do not claim that rubber is the best material to use, but the scattering evidence we have as to its being poisonous to the mouth will not yet over-balance the testimony that as a material it is inert. Neither will the assertion that is non-conductibility produces diseased tissue and unusual absorption, hold good. It is certainly the best cheap material now at hand, and the profession to-day accept it as such; and while doing this, I think we ought to avoid making a preference of either material or mode, but do the best we can for our patrons. A lady who required plain teeth and showed her gums, was advised to have a stippled celluloid plate put up. She exclaimed in horror, "Oh, no! My dentist says it would be dangerous, it would explode if you went too near a light, or should drink hot coffee or tea." This dentist was strictly a rubber man, and I am afraid some of the objectors to rubber are strictly riding their hobby too, and in some instances the horse carries a purty high head.—Southern Dental Journai.

### CHILD WORK IN DENTISTRY.

BY C. A. ALLEN, D. D. S., BUFFALO, N. Y.

[Read before the Seventh and Eighth District Dental Societies of New York, at Rochester, Oct. 28, 1884.]

In the entire resources of the Dental Practitioner there is probably no feature so full of importance as child work. Those who have arrived at the meridian of life, or passing on its downward course, may find little or no need for the dentist's art—but to the

infant, coming so soon into childhood, that need may be imperative, or even constant, and so thoroughly have careful mothers learned the importance of this early practice that the young dentist finds himself daily occupied with those little ones.

How best to manage these restless and highly sensitive little organizations has cost many an hour's anxiety to the full practitioner, and woe be to him who undertakes an operation without first fortifying himself within that little one's confidence. That infant brain, whetted to a high state of keenness by anticipation of acute physical pain, is one of all others to discover deception, and store it away in its little head where neither argument nor years may dislodge it. If there is one crime greater than another in the whole list of dental quackery, I claim that this child-deception is that crime, and it is seed sown which will most surely bring no value in harvest time. How best, then, may we secure this much desired standing with the little patient? This question must be answered both by the tact of the operator and the peculiarities of the child. But I venture to say that never has any degree of success attended the use of force and commands, while on the other hand, kindness and affection, with assurances which may be verified by the operation itself, place child and dentist on a social platform with not a single shaky plank of prohibition or free trade heresies.

Do not promise, then, that you will cause no pain, but make the little one understand that it will be hurt, if the case warrants, and it is indeed surprising to see the fortitude with which your patient endures dental work. I deprecate long sittings; make them thirty—even twenty—minutes, but never strain too severely that little one's patience.

Do not for a moment imagine that you are losing any of your professional dignity by coming down to the intellectual standpoint occupied by the child, but engage its attention with means at your command, always avoiding the mystification of technical terms which even older heads might not readily comprehend. If that little patient is dismissed with kindness and affection a monument is raised in the heart of both mother and child, which will surely make the next visit much easier. Practitioners have been heard to declare that they could not afford to waste their time on these restless patients. He who makes such a declaration, to my mind, is unworthy of the patronage of old or young, and will soon see himself outstripped by his neighbor who weighs to-day's results not by to-day, but by their influence upon the future. Every dentist within hearing of my voice is no doubt weighing the truth of this statement by making a hasty review of that class of patients who have been his, and have clung to him with a charming confidence ever since

they first needed his services. Let him see to it, then, that he has played no deception—with-a-forcep-up-the-sleeve act, or any of its kindred—and at the end of life he will be assured a large balance to his credit in the bank of human love and appreciation.

Now we are on a basis for actual business and the work begins. In the deciduous molars cavities are often kindly shaped by the process of decay, so that, a few well directed cuts with sharp excavators will prepare them for the stopping. Observation and experience have taught that to be too thorough at this time is to establish memories in your young patient which may be detrimental both to itself and the operator. In the one case the child is restrained through fear from future visits, while in the other the practitioner is bound to suffer the pecuniary loss of that practice. This may seem to some as a parsimonious view to take in the matter, but I declare, like the member from Texas, "what are we here for if not for spoils?"

To subject a child-patient to the fatigues of gold work is worse than cruel, it is positively malpractice in most cases. Employ, then, the plastics—amalgam standing first in point of preference, on account of its permanency—followed by the oxyphospates where decay is deep seated and the tooth liable to revolt against constant thermal changes.

Instruct your patient to return each four or six months, and if any of your work has failed, replace it, together with whatever else may be needed. Do not fear failures in this class of work by lack of thoroughness; far better is it that you replace your work than that you drive your patient from you for years, through fear alone. Let your plastic fillings be employed all through the years of child-hood up to the time when the hard tissues have taken on a more positive and matured condition. At this point your early work may be replaced by the ideal gold, as it fails, or as the fastidious tastes of of our patient may demand.

Now a word regarding the mothers. With the multifarious cares of the household, many a well-intentioned mother finds herself living far below her ideal. She is overwhelmed with her cares, and as a result, little time is given to study of any character, unless the *importance* of certain acts be impressed upon her mind from the proper source, something may be allowed to suffer. Whether that neglect may fall upon organs which we so highly appreciate, depends, not so much upon her standard of intelligence, as upon the earnestness of the one advising. Instruct, then, that the mother should present her child early and often, that incipient decay may be sought out and arrested. Insist upon the use of the tooth brush twice daily. This the child readily undertakes and accomplishes by its remarkable imitative ability. You make the investment of a few moments of

earnest advising, and leave an impression upon that mind which sets the individual to thinking. If the field is new to her, she wants that counsel so dear to a woman's heart, and forthwith trots over to Mrs. Smith to ask if she ever heard of such a thing as filling children's teeth. Whether Mrs.S. be well informed in dental progress or not, you have set a wheel in motion which goes on and on with each revolution, pointing to you as the motor power.

By power of its own inertia, it progresses until overcome by some resistance. Whether that resistance shall be weakening zeal, carelessness, or your more successful competitor, depends entirely upon yourself, for I contend that the education of the community in which you practice is a sacred trust placed in your hands. As you teach, so will those having faith in you believe. If your methods of practice are verified through a series of years, the community will be benefited physically, while you find life's necessities, and even luxuries, easily attained by virtue of the laws of recompense.—Dental Advertiser.

### DENTAL PROSTHESIS.

BY DR. E. J. WAYE, SANDUSKY, O.

The word prosthesis, according to Webster, signifies in surgery, "the addition of an artificial part to supply a defect of the body."

The term while not critically correct as applied to dentistry, is sufficiently so for our present purpose, since it describes, in a striking manner, much of the dental prosthesis of the present day, the "supply" being so very extensive as to suggest the conclusion that an addition, rather than restoration, was the object sought, and that to present the appearance of being all teeth is to be preferred to that of having none.

It is claimed by the, older members of the profession, that the dentures of thirty years ago, ere rubber as a base, or teeth in sections, were invented, were more natural in appearance, more useful for purposes of mastication, and more worthy of the name "prosthetic," than are those made at the present time.

Now if this statement be true, and not the idle vaporing of men who, having outlived the old methods and materials, are now instituting unpleasant comparisons with the new, it is matter for serious consideration. Unfortunately for the credit of the profession, it is not alone the older dentists, who are deploring the decline of the prosthetic art. Reports of the various dental societies throughout the land, showing conclusively that in the judgment of their leading men, this art has reached a very low standard of excellence. They earnestly deplore it, and urge that measures be taken whereby it may be placed alongside the splendid attainments of the operative department. Another fact which may be taken as an indication of its status is, that many dentists are quite reluctant to confess that they do anything but operating; and if, perforce, compelled to plead guilty to a small amount of rubber work, it is done with a deprecatory tone and manner which would seem to apply that, though by circumstances obliged to employ their odd moments in an occupation so little in consonance with either their taste, abilities, or inclinations, that whenever possible the uncongenial labors of this department, which by many is believed to be of sufficient importance to demand a distinct education, and peculiar aptitude for its successful practice, is promptly relegated to the office boy, the plate scourer, or the student, (synonymous terms usually), as being altogether unworthy the attention of him who excels in the operative department.

While so many in the profession are deploring the decline of true prosthesis at the present time, very few, it would seem, truly understand the causes which led to it, or the means by which it may again be restored to its former position in the estimation of the more intelligent men in the profession. And yet these causes are easily found. They exist in every dental workshop where vulcanite and section teeth constitute any considerable portion of the business. And it was the invention and introduction of the latter which marks the decline of true dental prosthesis.

With the invention of section teeth, the necessity for taste, skill and judgment on the part of the dentist, no longer existed. Or if it did, it could not longer be exercised.

Why study expression, and nature's methods, when, by no possibility, could those methods be followed?

Whoever has observed the endless modifications which exist in the arrangment of the natural teeth, also the wonderful variety of expressions resulting from these modifications, has not failed to perceive that, to reproduce in artificial teeth, every shade and variety, which we behold in nature, must, of necessity, require long and careful study of the methods of arrangement. The exquisite adaptation of shape necessary to give the right expression to each and every form of features, and that nice discrimination in color, which will give to each varying temperament its appropriate hue. All these and more, are indispensable to him who aspires to the name of prosthetic artist, and all these essentials, if not practically ignored, by the ordinary mechanical

dentist, in his hands, are, at best, but a caricature, and a disfigurement of the "human face divine."

With the introduction of section gum teeth, all necessity for a study of nature's methods ended. The manufacturer assumed the role of artist, and placed upon the market such forms of teeth as he deemed would be most acceptable to the mediocre dentist, a name which represents a large majority of the profession who practice the mechanical department. This sounds harsh but it is true, nevertheless, and must, of necessity, remain so while section gum teeth, as at present made, are in universal use, as will be seen.

Under the old methods, and when each tooth was constructed separately and singly, and as a consequence admitted of any change, either in position or otherwise, the study of expression became an important factor. And as the only guide and teacher, in this most essential part of the word, was to be found in nature—the divine exemplar, supreme and unsurpassable, in whose productions are seen every conceivable variety of form, color, arrangement and expression, ever varying, and ever new, the dentist of that period could hardly fail to become somewhat of an artist.

Some latitude at least, was permitted, for the exercise of whatever artistic skill or ability he might possess; and if he studied at all, his models were the highest.

To so arrange a set of teeth that each tooth should occupy its proper position, implied a knowledge of arrangement, which, if possessed, could end only in disgust, when the same result was attempted by using sections of gum teeth, for without a remedy, of what benefit is the knowledge of errors? With section gum teeth there can be but little change in their position. You may, it is true, push slightly out, or in, the end of the section containing the canine tooth, and even that, at the risk of irregularity of surface at the joint, and that is all. The question of a correct arrangement of teeth for any, and every, style of face, temperament, and expression, was settled in the workshop of the manufacturer; and what is left for the dentist is, to grind the joints.

Had the object of the invention of section teeth been to bring into the profession a horde of mere mechanics, (many of them hardly entitled to that appellation), men without genius, culture, intelligence, or education, and to drive out those who possessed all these, together with years of experience, it is doubtful if any more effectual method could have been devised. At all events, it has succeeded; and as the result, we behold, on every hand, artificial section teeth whose even surfaces, regular forms, and horse-shoe arcs, are so very similar, as to suggest,—what indeed

is not very far from the truth, that like hats, and shoes, they vary only in size; color, and length.

Natural teeth vary in size, shape, color, and especially in arrangement. In no two mouths can you find two sets precisely alike. They vary; and as these variations do not occur in the same teeth, but in any or all, it is clear, that teeth made in sections, rigid and unchangeable, cannot imitate the natural ones.

"To obtain the best results," said the lamented Buckingham, "we must not use sectional blocks,—we must have single teeth," and every true dentist who understands nature's methods will say amen!

It is one thing to understand the cause of an evil, and another to remedy it.

The introduction and use of section teeth have driven out the Prosthetic Dentist, and reduced what was an art, to a mere trade. The question now occurs, how shall trade be again elevated to an art? The mechanic to an artist?

This is a question not so easily solved, Could we, with the experience of the past, and the present increasing culture in art, wipe out of the profession the joiners of section teeth, that large class which look to the artificial tooth maker, rather than to nature for their method of arrangement. Could we separate the two departments, giving to each its appropriate studies. we, in our institutions of dental education, make the studies in the two departments as distinct and separate as are the requirements for their practice, the one being medicine with mechanic art, the other mechanics and art. Could we so educate the coming dentist, as that he shall possess the ability to instruct the manufacturer of artificial teeth, rather than, as now, to accept, in submissive ignorance, whatever that individual, from either a selfish or pecuniary interest, choses to foist upon him, content to remain in ignorance of nature's methods, if thereby he may be released from all incentive to thought, all emulation toward excellence. When, in fine, the profession as a whole, shall become so thoroughly educated as that each and every individual, in each of its departments, shall fully comprehend what its intelligent practice demands of him, and with that knowledge shall conscientiously endeavor to attain to it, we may hope that prosthetic dentistry may reach a position of which none need to be ashamed.— Ohio State Journal of Dental Science.

<sup>—</sup>Cocaine chloride, in doses of from one-twelfth to one-fourth of a grain, dissolved in water and hypodermically administered, according to Dr. Fleischl, of Vienna, will cure morphinism, alcoholism, and similar habits within ten days.—N. Y. Herald.

### THE THERAPEUTICS OF HOT WATER.

BY CHAS. P. KING, M. D., OF NEWARK, OHIO.

Read before the Licking County Medical Society.

The subject of this paper is the use of hot water as a therapeutic agent. There are many points of interest that I will be obliged to omit entirely, and others I can allude to only incidentally, as the time allotted me is limited. I would like to discuss at length the various modes of administering hot water, such as the hot-air, Turkish, steam, and medical bath, and some others; and while they have a very important bearing on this subject, they are rather beyond the scope of this paper. The use of water in some form or other in the treatment of diseases dates back to a very early period.

Our earliest writers make mention of it, and from the days of Hippocrates and Galen down to the present it has had its adherents, and many look upon it as the great panacea for "all the ills that flesh is heir too,"

At different times it has been carried to extremes, and has been the instrument in the hands of quacks and charlatans of doing much evil to the world. There are some present who remember what a hold the Thompsonian system had upon the people some years ago, and in fact, it almost superseded all other systems of treatment for a time; but like many other isms of the kind, has had its day, and been long since consigned "to the tomb of the Capulets."

That the use of water in many of its forms is highly beneficial in treatment of disease, no one, I think, will for a moment deny. But it should have a place among our other remedies as being but one of the many means by which we control disease, and we should be very guarded lest we run to extremes in our advocacy of it.

There is fashion in medicine like in everything else: certain modes of treatment are popular because it is fashionable to use them; we have our fashionable doctors and our old fogy doctors; the former being carried away by everything that is new and fashionable—the latter are looked upon as relics of the dark ages whose opinions are entitled to no respect whatever at the hands of their fellowman.

While many systems of medicine have had their day and been discarded from use, the use of water as a therapeutic agent seems to have withstood the ravages of time, and to-day stands in the front rank as a remedy, both in medical and surgical practice. It is only within the last decade, however, that *hot* water, in contradistinction to cold, has become so generally used. In fact, it has superseded entirely the use of cold water in very many cases.

For convenience of discussion, I will divide my subject into three heads:

- 1. Use of hot water in medical practice.
- In surgical practice.
- 3. In obstetrical practice.

There are many forms of disease in which hot water is highly efficacious.

In fevers, for example, many prefer hot water sponging to the cold—the hot to the cold pack.

In all the exanthematous diseases, hot water is not only soothing to the patient, but is also a great benefit in reducing the temperature.

In infantile convulsions, great benefit is to be derived from the hot bath; in inflammatory affections of the abdominal organs, the use of hot applications has unquestionable value; in peritonitis, for example, cloths wrung out of hot water, applied over the abdomen, are of great service, not only in allaying local inflammation, but also the general temperature of the body is thus reduced. In inflamma. tory affections within the chest, such as acute pleuritis and pneumonia, the hot, wet packs are very serviceable; in habitual constipation, and also many forms of chronic dyspepsia, drinking freely of hot water is of great benefit. . Some of the most obstinate cases of constipation have been relieved in this way. As a remedy in dyspepsia, I cannot speak too highly in its praise. I have now under my professional care several chronic cases of dyspepsia which have resisted everything in the way of medicines, and which are now entirely cured by the use of hot water alone. I advise drinking a good-sized coffee-cupful of hot water (as hot as can be born) three times a day, one-half hour before each meal.

In some forms of nervous headache the drinking freely of hot water is of great service; but very recently I saw a statement that many of our members of Congress have been drinking hot water several times a day, instead of their usual potations of whisky.

In some forms of headache, accompanied by determination of blood to the head, the use of hot water freely to the head is of great benefit.

There are many other conditions of the system in which hot water is of great service in medical practice, but for want of time I will be obliged to omit mention of them.

The uses of hot water in surgical practice are both numerous and important. In surgery, as in every other department of our profession, simple methods of treatment commend themselves to the careful practitioner. For this purpose I desire to direct your attention to an agent simple, cheap, and of easy application; this is the use of hot water.

It is to the value of hot water as a hæmostatic agent, however, that I wish to direct chief attention, especially to its power when the bleeding is from small vessels, or of that character denominated capillary bleeding or oozing—a fact first brought prominently to the notice of the profession by Dr. Emmet, of New York, in his great work on gynecology.

He has been magnanimous enough, however, to give the late Dr. Pilcher, of Detroit, Michigan, the credit for first having called his attention to it; he says "that while operating in 1859 to close a vesico-vaginal fistula, where free incisions were necessary, the progress of the operation had been greatly delayed in consequence of oozing of blood; this could be temporarily checked by pressure and ice, but in a few moments reaction would take place and the bleeding be as great as ever. Dr. Pilcher being present, he suggested that a sponge probang be dipped in hot water and applied several times to the bleeding surface. This was done, and the bleeding promptly arrested.

Cold water and ice even are less efficient in checking hemorrhage than hot water. The immediate effect of cold is to *contract* the bleeding vessels, but this contraction is very soon followed by the opposite condition, dilatation; one that continues for a considerable period, and one that favors further hemorrhage.

Besides, it is a fact well established that prolonged cold lowers the reparative power of tissues. The immediate effect of heat is to dilate the vessels, but it afterwards contracts them.

The manner in which hot water arrests hemorrhage is that the clot formed in the mouth of the dilated vessel is held so firmly in position by the subsequent contraction as to prevent its being readily dislodged. One of the principal advantages that hot water has over all other agents employed, is that it does not interfere with the subsequent healing process; in fact, it is thought by many to promote it. as a dressing for wounds, contusions, and inflamed parts in general, it is invaluable. The cold-water treatment of wounds is very often highly injurious, the circulation in the wounded parts being too much depressed, which of necessity will hinder repair, and sloughing is often induced.

In ovariotomy there is frequently a good deal of oozing of blood that must be arrested before closing the abdominal cavity. In such cases the frequent application of sponges dipped in hot water will generally promptly arrest the hemorrhage, even in cases where persulphate of iron has failed.

In case of removal of uterine fibroids, the injection of hot water into the the uterus succeeds in arresting hemorrhage which would otherwise require the use of the tampon. After amputations where there is much oozing of blood from stumps, in excision of mammary glands, and various other operations, hot water is of great service.

In hemorrhage from the nose, the injections of hot water have proved of great service in the hands of some surgeons; in pulmonary hemorrhage the inhalation of hot water in the form of steam is said to be a most valuable agent. Prof. Hamilton, of New York, has of late years strongly urged as a preventive measure agains traumatic inflammation the use of warm water instead of cold, and of immersion as superior to irrigation. He places the injured part in a water-bath constantly maintaining a temperature of 90° to 95° F., and keeps it there from one to three weeks. When from the position of the injury this is not practicable he covers with several thicknesses of sheet lint, previously saturated with tepid water, and encloses this with oil silk. When the bath can thus be employed, little or no inflammatory reaction takes place, and gangrene is very successfully arrested, even in exceedingly severely lacerated and contused wounds of the extremities. Dr. H. from an extended experience, much prefers this to the cool or cold prophylaxis of inflammation. In painful hemorrhage, where there is much tenderness and considerable hemorrhage, the use of hot water locally as well as by injections, is not only exceedingly grateful to the patient, but is also a prompt and efficient means of arresting severe hemorrhage.

The uses of hot water in obsterical practice are as important as in medical or surgical practice. Our leading gynecologists are fully aware of its value, and make extensive use of it by vaginal injections to relieve conjections and inflammations of the pelvic organs. And while (as Dr. Emmetsays) ''it is not the cure-all for these affections,'' it is of such great value, that were its worth generally known much of the cauterization, intra-uterine medication, scarification, and other operative measures, would be done away with, generally to the relief of suffering women.''

Hot water injections, or the hot douche, is one of our most effective measures to be used in chronic metritis.

There are many other conditions in which the use of hot water is of great service in obstetrical practice, which I would like to refer to but fear that I have already taxed your time and patience entirely too long.

In conclusion, I would say that whatever may be the mechanism through which the effect is accomplished, I have been taught, both by experience and observation, that hot water is a simple, cheap, and effective means for attaining good as well as permanent results, in both medical, surgical, and obstetical practice.—*Medical and Surgical Reporter*.

### CLINIC ON ORAL SURGERY.

By Professor J. E. Garretson, at the Medico-Chirurgical College.

### REPORTED BY ROBERT S. IVY.

Case I. Osseous tumor in the naso-pharyngeal space. The patient, a female about forty years of age, brought to the clinic by Dr. W. Alben, of North Carolina, had an osteoma or bony tumor extending from the basilar process of the occipital bone to the body of the sphenoid bone. The growth had been in process of formation four years, and at the time of presentation before the class extended down into the naso-pharyngeal space, entirely closing the posterior nares, pressing down upon the soft palate until its lower form could be distinguished from the shape given to that membrane, and causing much interference with vocalization and deglutition. Nasal respiration was also completely cut off, and the secretions of the air chambers, such as the antrum of Highmore, sphenoidal cells, and frontal sinus had to make their exit through the anterior nares. The professor stated that the operation for removal of the growth could be performed by means of the surgical engine, in one of two ways. Either through the nasal passages or through the mouth. the latter necessitating the perforation of the soft palate. Preference was given to the last of these as the more radical and perfect mode, objection to the former being that a long shaft to the bur would have to be used and the parts to be operated upon being exceedingly hard, considerable vibration would be given to the instrument, nullifying to a great extent the delicacy of touch required in its manipulation in a position out of the range of vision, almost as far back as the vertebral column.

Proceeding to Operate, the patient having been anæsthetized by Professor Dorr and the mouth fixed open by means of a jaw dilator, an incision was made about one inch in length in the upper portion of the soft palate on the median line, and a bur, revolved by the surgical engine, introduced through the wound and the tumor cut away. During the progress of the operation, parts of the surrounding bones were found to be diseased, necessitating the removal of a portion of the basilar process of the occipital bone, the lower portion of the body of the sphenoid bone extending into the cells, and taking away the septi, also the rostrum, and portions of the vomer and palate bones. By this means a clear passage through both nostrils was made, after which the patient was allowed to come from under the influence of the anæsthetic and the operation was completed by thoroughly syringing away the bony debris

and other loose tissue. The incision made in the soft palate was left open in order that any after hemorrhage which might possibly occur could be treated, this precaution however proved to be unnecessary, as the parts granulated and assumed a healthy condition with ordinary treatment.

Remark may be made of the difficulty of anæsthetizing a patient for an operation of this character, the locale of the lesion being so closely associated with the respiratory tract. To keep the patient in a state of unconsciousness and at the same time not interfere with the movements of the operator required considerable experience and ability.

Case II. Tongue-Tie. This condition is simply a curtailment of the frænum linguæ or bridle of the tongue, and is frequently met with in young children, and usually prevents protrusion of the organ beyond the lips, causing a lisp in the speech of the individual. The bridle being too short the indication is to lengthen it. The patient, a boy aged twelve was seated in such a position as to take advant ge of the light, and the tip of the tongue being raised, the membrane was seen, tense, the operation consisted in simply snipping with a pair of curved scissors, the false frænum. Very little hemorrhage followed as the parts are not very vascular. It is important to consider the position of the ranine arteries for this operation, the consequence of their division from the difficulty of their ligation, often being serious, and leading to unpleasant complication.

### DENTAL SOCIETIES.

### Mississippi Valley Association of Dental Surgeons.

The Forty-first Annual Meeting of the Mississippi Valley Association of Dental Surgeons will take place in the Lecture Room of the Ohio Dental College, Cincinnati, Ohio, at 10 o'clock, A. M., Wed-

nesday, March 4th, 1885.

It is especially desirable that this meeting be unusually large as it is expected that a number of papers on various subjects pertaining to the profession will be read by well known writers, and in view of this the officers expect that every member will make it a point to assist by his personal presence. A most cordial invitation is extended to all members of the profession, no matter where they reside, to come and enjoy themselves and profit by the interesting discussion that will take place. The following will be the programme:

I.—Progress of Dental Education.
II.—Recent Theories Concerning Caries of the Teeth.
III.—New Remedies for the Treatment of Oral and Dental Diseases.
IV.—Improvements in Prosthetic Dentistry.
V.—New Methods and Materials for Filling Teeth.
VI.—Incidents of Office Practice.

### EDITORIAL.

### THE ABSTRACT IN PRACTICE.

In semi-civilized countries each man is his own carpenter, mason, basket-maker, etc. Progress toward civilization has everywhere been marked by an abandonment of this tendency to do for self all the labor required by the necessities of life; and the adoption in its place of a single occupation, with a dependence upon others for the rest.

The inclination of the present age in every industry is to a division of labor. Work in the manufactory, in the store, and in the counting house is no longer performed by one individual, nor indeed by several, but the most minute detail of any business has an army of persons skilled in its accomplishment. This arrangement has proven wise because the advanced demands of the times could be met in no other way, and the principle thus developed in business life has insinuated itself into professional life, being especially marked in medicine and in dentistry. The separation of these into specialties has undoubtedly resulted in much good to the community, but exclusiveness always tends to narrowness. Observation has led us to feel that concentrated attention to one matter naturally so widens the science and scope of it, that the demand upon intellect and time absolutely forbids progression in other directions, even though they be of an allied nature. If this was the only draw-back, it would require but passing notice. The main difficulty, however, is that specialists too often see all other things through the glasses they daily use and according to the color of these is the color of everything.

Unless deterred by a thoughtful examination at intervals of his personal methods of practice— a true and candid study of himself—the gynecologist will fall into the error of referring to the uterus, many pains, which occur in women from other causes; and the oculist will locate the cause of disease, if possible, in the eyes; and the dentist, in the teeth. All realms in the human economy other than their special one becomes to such practitioners abstract; their own complete in itself; and practice, routine. Our word of caution on this matter is offered to the dentist, because the daily demands upon his skill are prone to lead him to see only a cavity requiring filling, or the necessity for an artificial denture.

The most comfortable and successful practice and the best service will only be produced by keeping the mind broadened and the faculties keen through constant effort to connect the specialty with the whole, both in practice and in study. The dentist should in daily practice always see more in each case than comes under the range

of the organ of vision. The temperament and environment of the patient should be discerned, and the operator never forget the relation which exists between himself and inflammation. He should be able to read with an eye and understanding the various phenomena which it in various stages and situations is capable of presenting. At times this will be an easy task, while at others it will wrap itself in the robe of complexity, and fill the mind of the practitioner with perplexities, doubts and disappointments. Extreme caution, therefore, is always to be exercised and each step searched out though he be dealing with his old and constant foe inflammation; never forgetting that cause and effect are but twin sisters, and always found in each other's company, though not always side by side. They are bound and linked together by an adamantine law, and we can only have power over effects, by having power over the causes.

Dentists will find it to their own advantage and that of their clientèle to gain and apply knowledge drawn from what they make their abstract—the system at large. The study then of general anatomy, and the familiarization with general pathology and with the action of medicines are even more important to the practitioner, than they are to the student of dentistry. These studies of student life, both from text-books and particularly from clinic, instead of being abandoned as in the case of the large majority of those in active practice should engage earnest attention. They are by delegation an abstract that would richly reward cultivation.

There is another matter belonging to the abstract in practice which we desire to mention at this time. Who is there, that does not admire strength, intellect and self-control on the part of him who serves mankind in the path of medicine? We venture nothing in answering that he who does not cannot be found, and yet if we read the types aright, many engaged in the practice of dentistry believe themselves to be possessed of these important factors of success, without any individual effort on their part. They seem to go upon the principle of the man who held that reading and writing came by nature. Men however who have devoted a life-time to the study of the matter, tell us that it is impossible to compress the mind into calmness where calmness is wanted—that the condition of self-control is to be obtained in a large measure only by cultivation. If therefore it is desired to become cool and collected in times and under circumstances which test the metal of a man's nervous composition the power must be obtained by constant training. This training is of two kinds :- that which is born through experience, and that which comes from a constant philosophic view of life.

The young surgeon with limited experience manifests less ner-

vousness in operating than he with no experience at all. The surgeon old in practice, from long acquaintance with such work, exhibits still less, but the surgeon whose every motion is made with the precision and steadiness of machinery, is he who has added to extended experience the calmness that comes only from philosophic training. Philosophy then is an abstract full of recompense to those who knock at her door.

So too, the mind cannot be made strong in the instant of necessity. If it is desired to be able to grasp with the complexity of things, and see through them clearly to a desired end,—to produce knowledge at a moment's notice, and amid distracting circumstances to marshall thoughts to a decision for action,—the intellect must receive our daily attention; and other things than those pertaining to shop should receive a share of attention in arranging a plan of study. No dentist can expect to strengthen his mind by confining it to medical studies alone. If the eagle soars higher than other birds, it is because he directs his flight as though to reach the sun. The mysterious and unknown in life may never be reached by any attempt on the part of man so to do, but matters of a purely literary import, and a constant attempt to wrestle with the unknown,—to seek to know the mysterious by study, conversation, and debate, will sharpen the mind so that it shall be more than conqueror in battles with the known.

L. A. F.

### CORRECTION.

Credit for the article published in our January issue, entitled "A Method of Mounting a Porcelain-faced Crown" should have been given to the "Archives of Dentistry" from which it was taken, but by an oversight of the printer was omitted. We take pleasure in making this correction for we like to give honor to whom honor is due:

31 West 31st Street, New York, January 13th, 1885.

To the Editors of The Dental Practitioner:

Gentlemen,

I have received the copy of your Journal, which you have kindly sent me, in which I observe that by the publication of Dr. Hall's etter on Hydrochlorate of Cocaine, you have recognized the very great importance of the recent discovery that by hypodermic injection the use of cocaine is vastly extended, and only by this process can it be made available to us dentists for our patients, who have longed always for the discovery of just such an agent, and for

about such a process of its application, and here it is—theoretically and almost practically perfect, but I am sorry to say we stumble a little in its application, no doubt temporarily, and as I am identified with the introduction of Dr. Hall's method to the dental profession, I feel it my duty to present also a hint of some of the drawbacks with which I have met in my experiments with it.

I find in case of extremely nervous patients it will not always have its full effect at first but may be made to act by several repeated doses of four minums of the four per cent. solution, at five minute intervals, giving in all, say, sixteen minums. This is in case of those persons who while of high nervous sensibility also possess great nervous resistance.

In case of nervous but anæmic patients I have found it to act promptly and satisfactorily.

I know of two cases in which upon introducing the needle toward the infraorbital foramen to affect the anterior superior dental nerve, internal bleeding has occurred from puncture of a small branch of the facial artery, causing a swelling of the face, which disappeared in three or four days.

I recently operated upon a patient of low nervous resistance, and anaemic temperament, weak lungs, whose left eye was weak, and had been under treatment. I introduced eight minums of Parke, Davis & Co's preparation, but not very near the infraorbital foramen. The effect was soon felt in the parts adjacent to the cuspid upon which I desired to operate, but it remained very sensitive, so I introduced eight minums more quite accurately upon the nerve at its emergence from the foramen. Almost instantly the cuspid was perfectly anaesthetic and I operated successfully upon it to the great delight of the patient. But in twenty minutes her face, about the lower part of the orbit, was swollen, next day it was more so, and for three days following it was swollen, dark, the vision of that eye was so affected that every object appeared oblong, horizontal, and blurred, instead of having its natural shape, but on the morning of the next day no abnormal effect remained—so I learn—not having seen the patient since the first day. No pain attended any of these manifestations, nor had they seemed to the patient of much consequence beside the vast relief to her mind, feeling that she could have such exquisitely sensitive teeth filled without pain.

In this case I do not think the puncture of an artery or vein is indicated. It seems more likely the cocaine partially paralyzed a portion of the inferior palpebral vein, and owing to feeble heart action the vision was affected through a disturbed circulation.

Your truly,

31 West 31st Street, New York, January 13th, 1885.

Gentlemen:

I inclose \$1.00 for subscription to The Dental Practitioner, which I am glad to see; glad to contribute to, if you desire it, and sincerely hope it will merit the very first place as a Dental Journal,

Yours truly,

CHAS: A. NASH.

### BOOKS AND PAMPHLETS.

Transactions of the Odontological Society of Pennsylva-NIA, from its organization, Feby. 1st, 1879 to the close of the year, 1883.

We are indebted to the Secretary for a copy of the transactions of this wide awake society for the years above mentioned. It makes an attractive and very interesting volume of over 200 pages, and reflects much credit upon the society and the compiler. The publication of society reports should be commended and encouraged, as they furnish the most reliable index of professional research and advancement. The volume before us contains many interesting and valuable papers, with the opinions of individual members as expressed in their discussions.

It is neatly bound in cloth, is a most desirable acquisition to the dental library, and is deserving of a wide circulation.

A limited number of copies can be obtained from the Secretary, Ambler Tees, D. D. S., 548 North 17th St., Philadelphia. Price, \$3.00 per copy.

CAULK'S DENTAL ANNUAL 1884–1885. L. D. CAULK D. D. S., Editor and Publisher, Camden, Del. Price, 25 cents.

Whatever praise was bestowed upon this "Annual" when it made its first appearance, is equally due to the present issue. The editor has succeeded to a remarkable degree in presenting a vast amount of useful information in such tabulated and condensed form that it is made readily accessible for reference.

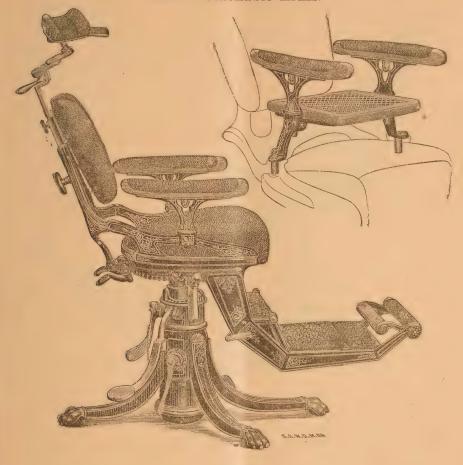
It also contains seven original articles by well known members of the profession, which alone should induce every dentist to procure a copy.

Caulk's Annual is a credit to the dental literature of the day, and we hope its proprietor may live long to continue its publication.

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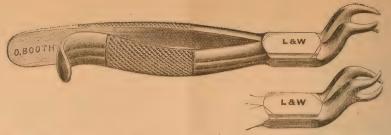
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# Universal Rubber-Dam Forceps

We are prepared to subply the above, adapted to the Carmichael Clamps, from suggestions and patterns furnish us by Dr. J. P. Carmichael. We have also modified them so they will do same work as the Bowman Allen Forcep, making them the most "Universal" R. D. Forcep offered.

PRICE PER PAIR, N. P., . . \$3.00

L. & W.

# o. H. BRIGHAM'S Exterior Lance Forcep.

We quote Dr. Brigham's explanation of manner in which his Forcep is used:—"It is placed on the crown, and opened wide enough to go outside of the Root and Process, then pressed in place and Root extracted, breaking no process, except what is included within the beaks, thus freeing the cavity from all fractured process, leaving the mouth to heal much sconer.

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### LUKENS & WHITTINGTON,

DENTAL INSTRUMENT MANUFACTURERS, 626 RACE STREET, PHILADELPHIA, PA.

# The Compound of Iodoform

For General Use for the Treatment of Pulpless Teeth, and for Capping Exposed Pulps, Etc.

PREPARED BY DR. WM. C. FOULKS.

Composed of Iodoform, Hydrate of Chloral, Acetate of Morphia, Chlorate of Potassium, Sulphate of Zinc, and Oil of Cloves, Cinnamon, Cajepute, Eucalyptus, Turpentine, and Glycerine, quant. suf.

This paste is free from objectionable odors, will not SPOIL or DRY if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never alters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a number of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure-all," but one that will GENERALLY be amply sufficient for the permanent or temporary dressing of canals, and for capping pulps, etc. A circular, containing explanations and directions, accompanies each box.

Put up in \(\frac{1}{4}\)oz. wide-mouth glass bottles. Price per box, \(\frac{\$1.50}{.}\)

### FOR SALE BY GIDEON SIBLEY.

Trade Supplied.

Philadelphia, Pa.

# No. 1 Articulator. Reduced in Price.

Formerly \$1.00.



Reduced to 90 Cents.

HANDSOMELY FINISHED AND NICKEL PLATED, \$1.50. If send by mail, postage extra, 10 cents

> These Articulators are equal in all their fitting parts, to any \$2.00 Articulator, and are superior in weight, strength, and fittings, to any sold at \$1.00 or 90 cents.

> We make but one grade, and that we make well.

### GIDEON SIBLEY.

Dental Depot,

13TH AND FILBERT STS., PHILAD'A, PA.

OUR RUBBER DAM is unsurpassed in quality. We have both the dark and light colored, and put it up in convenient form for use, in strips (rolled) 5 yards long and 6 inches wide, also 4 vards long and 8 inches wide. Medium thickness. Quality guaranteed. Price, \$1.50.

GIDEON SIBLEY.

# SAMSON RUBBER

MANUFACTURED BY

### EUGENE DOHERTY,

444 FIRST STREET, Brooklyn, E. D., New York.

WARRANTED TO BE

# THE STRONGEST & MOST UNIFORM RUBBER MANUFACTURED.

It is the toughest and most durable Rubber made. Vulcanizes same as ordinary Rubber.

### SAMSON RUBBER.



MANUFACTURER OF ALL KINDS OF

# Dental Rubbers and Gutta Perchas.

### PRICE LIST OF DENTAL RUBBERS AND GUTTA PERCHAS.

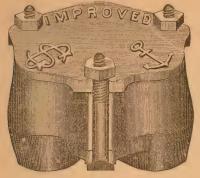
No. 1 Rubber, per lb	\$2 2	No. 1 Weighted or Amalgamated Rub-	
No. 2 Rubber, per lb	2 2		00
Samson Rubber, per lb		No. 2 Weighted or Amalgamated Rub-	
Black Rubber, per lb.			00
	2 7	Black Weighted or Amalgamated Rub-	
Gutta Percha for Base Plates, per		ber, per lb 4	00
lb	2 2		00
Vulcanite Gutta Percha, per. 15	3 50		00

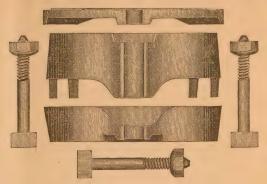
Note.—The above Rubbers and Gutta Perchas will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Dental Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

### EUGENE DOHER'TY,

444 First St., Brooklyn, E. D., New York.

# IMPROVED & ANCHOR FLASK.





The above cut represents a Flask of our own make, it being greatly improved over the old style Anchor Flask, in many respects, as follows:

It is larger in size, and much thicker, weighing nearly two-thirds more.

It has much longer guides, and is so constructed that it is impossible for the bolts to slip, thus making it the most perfect and convenient flask in the market.

Any Vulcanizer measuring  $3\frac{\pi}{3}$  inches in diameter, inside, will admit this flask easily.

PRICE, MALLEABLE IRON,	\$1.00,	postage,	25 cents
Extra Bolts, per set,	.25,		free.
WRENCHES	- 10	6.6	6.6

### FRENCH'S

### SELECTED DENTAL PLASTER.

	***************************************	+0+			
6 quart, air-tight can,		,			\$ .70
12 "	W. Tarak	100 grade			1.15
16	- V	5			1.45
24 "		×1000		Ų.	2.00
Quarter-Barrel,		, ,	A 100		1.60
Half "	1		· · · · · · · · · · · · · · · · · · ·	A	2.50
One " "	- 1 - N			100	3.50
		1 1.			

We also keep slow-setting Plaster, which is preferred for Models and Flasking; at above prices. When sent by freight, porterage extra.

# LAWRENCE'S AMALGAM.

"The Old Reliable."

This Amalgam has received the endorsement of the Profession at large for over forty years, which would seem to render any remarks as to its excellence superfluous.

### Price, \$3.00 per ounce.

Purchase only of reliable dealers, their agents, or of the inventor and only manufacturer,

AMBORSE LAWRENCE, M. D.,

476 Columbus Ave., Boston, Mass.

# WATT'S IMPROVED METAL.

### BETTER THAN ANY IN USE!

Six Ingots to the Pound.

Per Ingot, \$1.00.

Printed Instructions with each Ingot.

This metal is far superior to the well-known Watt & Williams metal. It is the result of diligent research, aided by abundant leisure, and long experience in the science of metallurgy. Watt's Metal is stronger and runs sharper than any in use, while it withstands chemical

action within the mouth better than 18 carat gold.

It has no equal for lower plates, gives a much better fit than rubber, celluloid, or gold, and is good conductor of heat and electricity. Weight is often advantageous; but if shrinkage is very great a base plate of the metal may be made, and the teeth attached to it with rubber or celluloid. Most beautiful upper or lower dentures may be thus made, and no other work has greater durability

Molds may be made in almost any flask, but a glance at the cut of the Watt Flask will per-

suade any one to buy it who intend to use the work.

Ask your Dental Depot for it, or send to

RANSOM & RANDOLPH, Wholesale and Retail Agents, 83 JEFFERSON STREET, TOLEDO, OHIO.

# KING'S OCCIDENTAL AMALGAM.

PRICE REDUCED TO \$3.00 PER OZ.

5 oz. at one time, \$2.75 per oz.; 10 oz at one time, \$2.50. per oz.

This Amalgam has been before the profession in Ohio and Western Pennsylvania for some years, and all who have used or tested it, agree that it has merits over any other Amalgam in the market.

The process of manufacture differs from that of other Amalgams, and

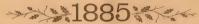
### BY A NEW INVENTION

Dr. King is enabled to obtain better results, both in regard to COLOR, SHRINKAGE and EXPANSION, than is obtained in any other alloy in the market.

Test for color consists of sixty grains of Sulphuret of Potassa, dissolved in one conce of water. Amalgam plugs to be left in this solution twenty-four hours or more. The Occidental will remain bright after this test, and we know of no other Amalgam, at even double the price, but that will discolor. All who would use the best should buy it.

Ask your Dental Depot for it, or send to

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### OHIO STATE JOURNAL OF DENTAL SCIENCE :"

GEO, WATT, M.D., D.D.S., Editor, Xenia, Ohio.

Monthly, 48 to 56 pages, making 600 pages reading matter during the year, exclusive of advertisements, For Subscription price of \$2.00. Published by

### RANSOM & RANDOLPH, TOLEDO DENTAL DEPOT.

Dealers in every Instrument and Article used by Dentists and Surgeons.
All the Leading Goods in Stock, and Supplied at Manufacturers' Prices.

A Large Stock of JUSTI'S and WHITE'S TEETH, and the WELL-KNOWN SIBLEY TEETH always on hand.

Address all orders and subscriptions to

RANSOM & RANDOLPH,

83 JEFFERSON ST., TOLEDO, OHIO.

# VON BONHORST'S

### ANÆSTHETIC.

We have recently purchased of Dr. C. G. Von Bonhorst, now of Pomona, Cal., at considerable expense, his tamous Anæsthetic and Applicator, with complete apparatus for manufacturing and putting up the same. This anæsthetic is so well known in this vicinity that we only consider it necessary to state that it is again in the market. As to its genuineness we refer to Dr. Von Bonhorst, who has sent all orders which have been sent him since he went to California to us. We call attention to a few of the prominent dentists who have used and can recommend the Anæsthetic,

Having use!

Dr. VON BONHORST'S

### **ANÆSTHETIC**

from the time it was first obtainable to the present, I take pleasure in saying I consider it of great utility,

### Lessening

the Pain

incident to some of our most severe operations.

CINCINNATI, February 7th, 1884.

A. BERRY, D. D.S.

President of Mad River Valley and Ohio State Dental Societies



I have treated a score of

### **Exposed Nerves**

both those that follow excavating, as well as those exposed from decay, and

### Not One Failure.

All treated by the aid of your preparations.

D. R. JENNINGS, D. D. S., Ex-President Ohio State Dental Society.

My experience with your goods is similar to that of Dr. Jennings.

PROF. J. TAFT.

C. BRADLEY, Dayton, O.

V. F. ELLIOTT, Minneapolis, Kan.

WILLIAMS,
 Ex-President Ohio State Dentat
 Society.

The above illustration shows style of package and label-about two-thirds size.

### SPENCER & CROCKER,

OHIO DENTAL AND SURGICAL DEPOT.

TRADE SUPPLIED.

CINCINNATI, O.

Send One Dollar for Sample set of "Sibley's" Teeth.

See Illustration on another page, of a few styles of "Sibley's" Plain Teeth.

Try a sample Package of Sibley's Gold and Platinum Alloy, which is the best.

Our Medium Rubber Dam is superior—none better in the market. Put up in convenient form, 5 yards long, 6 inches wide, also 4 yards long and 8 inches wide. Price \$1.50.

The Improved Anchor Flask, is the best in the market.

The "Eclipse" Rubber is stronger than most, and as strong as any. It packs and finishes easy.

Wilkerson, Morrison Student, Cycloid, Archer, or any Dental Chair can be ordered of Gideon Sibley.

The No.1 Articulator has been reduced to 90 cents, (by mail 10, cents extra), GIDEON SIBLEY.

The Compound of Iodoform, should be in every Dental office. See advertisement.

# Dr. J. FOSTER FLAGG'S SPECIALTIES.

These "Specialties" are offered with the assurance that they are such as are progressively taught and used by Dr. Flagg, and that every lot of each material is tested and approved by him before being sold.

HAND-MADE GUTTA PERCHA	STOPF	PING	(¾ oz.	pkge,)	per oz.	\$5.00
"CONTOUR" AMALGAM ALL	OY, .				66	4.00
"SUB-MARINE" "					6.6	3.00
"PLASTIC ENAMEL" (Nitro-p	hosphat	e of	Zinc)		$\frac{1}{2}$ OZ.	2.00
OXY-CHLORIDE OF ZINC, .				per p	ackage,	1.00
"AMBERLINE" (Tooth-soap,) per box, 50c.					) per bott	
PEPPER BAGS, (package of 20,) \$1.00.					rly ground	l,) 75C.
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FOR SALE AT DENTAL DEPOTS,

DR. FLAGG, 106 NORTH ELEVENTH STREET, PHILADELPHIA, PA.

# GEO. W. FELS, COHESIVE and SOFT GOLD FOILS,

112 West Sixth Street, Cincinnati, O.

ESTABI ISHED 1879.

This improved SOFT FOIL will be found extremely tough; it is SOFT and KID LIKE, and can be brought to any degree of cohesion by annealing, thus combining soft and cohesive foils.

By sending draft or Post Office order to the above address, we will forward without extra expense

1-8 oz. at \$3.75, 1-2 oz. at \$14.00, 1 oz. at \$28.00.

This Foil can be returned if not as represented.

# PEIRGE'S AMALGAM.

RECOMMENDED FOR ITS

### PURITY, PERMANENCY, PLASTICITY.

This Amalgam is made from strictly pure materials and from the formula of Prof. C. N. Peirce It was first made by Dr. Peirce for use in his own practice, and has become deservedly popular with those who have been for some years constantly using it. Its color, edge-strength and toughness render it one of the the most desirable plastic filling materials, while shrinkage or expansion are not perceptible. Each package of Amalgam will contain a piece of specially prepared "Asbestos Felt," with directions for its use as a capping for exposed pulps, or as a non-conducting septum between sensitive dentine and metallic fillings.

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For Sale, Wholesale and Retail, by GIDEON SIBLEY.

# PHOSPHATE OF ZING GEMENT,

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The properties of this Cement have been well tested, and not found wanting. It does not deteriorate with age. Directions accompany each package. It can be procured of dealers in dental supplies, and in quantity of the S. S. White Dental Manufacturing Co., Johnson & Lund, and of the Manufacturer, 1415 Walnut Street, Philadelphia.

Price, per Package, \$2.00.

Sizes

Liberal Discount to the Trade.

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### EDWARD ROWAN & CO.,

196 Third Avenue, New York,

ADDOTELE GOED DOTE	MANUFACTURERS OF	THE				
"DECIMAL GOLD FOIL"	Per ovnce,					\$98 AA
"DECIMAL GOLD ROLLS"	t er ounce,	N N	3 S	N N	5	\$20 UU
	Per one-tenth	Ollnee		5 5		3 00
"DECIMAL ROLLED GOLD"	1 of one tenth	ounce,			•	0 00
"ROWAN'S IDEAL ALLOY"	No. 1, Per ounce,	\$5.00;	2 oz.	\$9.00;	4 oz.	16 00
"ROWAN'S IDEAL ALLOY"	No. 2, "	3.00;		5.50;		10 00
"IDEAL CEMENT," with pigme	ents, per package,					1 00

Try some of our Rubber Dam, in handsomely decorated air-tight Boxes; new make; light colored and very tough, per box \$1.00. Per yard Medium, \$1.50.

S. H. GUILFORD, A. M., D. D. S., (Professor of Operative and Prosthetic Dentistry, Phila. Dental College,), has permitted us to state that he uses and recommends our "Gold Rolls."

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H. C. REGISTER, M. D., D. D. S., of Philadelphia, writes us, "You are permitted to use my name in recommending your gold, as second to none in the world!"

From CHAS. L. STEEL, M. D., D. D. S., of Richmond, Va., (Demonstrator Operative Dentistry, University of Maryland). "Dear Sirs:—Your last ounce of gold duly received and as usual works superbly. I have used many makes of cohesive Foil, but for some time past have confined myself to yours exclusively, as I find none other so near perfection.

GOLD ROLLS (Made from No. 4 Soft Foil.)



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# ———SHOP-WORN GOODS.

One No. 2 Archer Chair, covered with red plain Plush, with Footstool, in	
condition,	price, \$30 00
ONE WALNUT CABINET, special pattern, original cost, \$125.00, in good condition	on,
a bargain, for	35.00
One Conical Base Celluloid Apparatus, complete (good as new) -	10 00
One BONWILL ELECTRO MALLET AND NEW BATTERY, with four Cells, comple	ete in
box, in perfect condition,	<b>35</b> 00
One S. S. WHITE WALL CABINET, (in good condition),	
One S. S. WHITE EXTENSION BRACKET No. 2, good as new, (original price \$1	(8.00) 10 00
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Boxing on above goods extra.

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13th and Filbert Sts., Philadelphia, Pa-

ESTABLISHED OVER SIXTY-FIVE YEARS.

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No. 230 Pear Street.

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# DENTISTS' FINE GOLD FOIL.

soff or non-cohesive, and cohesive,

ALL FROM ABSOLUTELY PURE GOLD,

### THE LEWIS

# NITROUS OXIDE GASOMETER



This Gasometer is believed to be the

### **Best and Most Convenient**

for the price yet produced.

Made of best Galvanized Iron, bighly and artistically ornamented. All bright parts nickel-plated.

IT IS FITTED FOR EITHER A 100 OR 500 GALLON CYLINDER.

### Contains an effective Water Seal

PRICES.

No. 1, Lewis Gasometer, \$30.00 No. 2, Lewis Gasometer, \$25.00 Boxing included,

The No. 1 and No. 2 are identical in construction, the difference being in ornamentation.

The above prices are for the Gasometer and Stand alone. For further particulars and prices of complete outfit see circular, which can be obtained at any Dental Depot in the United States.

FOR SALE BY ALL DEALERS IN DENTAL GOODS.

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# THE MORRISON DENTAL CHAIR.

Reissued May 15, 1877, English Patent Dec. 7, 1867.



### PRICES.

In Best Quality Green or Garnet Plush or	Plain Moroeco,	, , ,	\$130 00
In Real Morocco, Embossed,		with Dluch	140 00 150 00
In Finest Quality Green or Garnet Plush, Spittoon Attachment, extra	puffed and trimmed	With Tush,	4 00
Spittoon Attachment, extra			

### BOXING FREE.

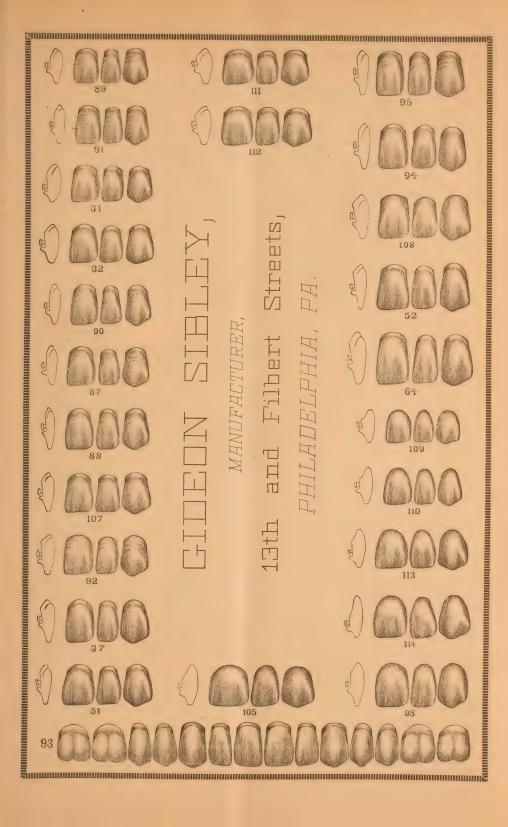
### STUDENT'S MORRISON CHAIR.

To meet an oft-expressed want of a first-class chair at a low price, the Student's Morrison was brought out. It is, in all respects, equal to the regular Morrison Chair, except that it is upholstered in a corded material instead of plush. It presents a very attractive appearance, and will wear nearly as well as plush.

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13th and Filbert Sts., Philad'a.



# Price per 1b. \$2.75. ECLIPSE TRADE ANGE. DENTAL RUBBER. MANUFACTURED EXPRESSLY FOR GIDEON SIBLEY, Dental Depot, THIRTEENTH AND FILHERT STREETS, PHILAD'A, PA. The Best Para Gum is used in the manufacture of this Rubber. It is exceedingly light in weight, very tenacious and durable, packs easily, and vulcanizes same as ordinary Rubber.

or exchange for other goods for what is returned in good order. not meet the expectations of the purchaser, we will gladly refund the money, while we feel confident that it is superior to any in the market, yet, if it does This Rubber is of the class commonly termed Tough Rubber, and

PRIGE REDUCED.

( Ім 10 ыв. цоля, 2.48 PER POUND, \$2.75

# Caulk's Filling Materials.

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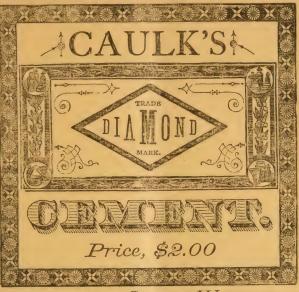
PRICE

Two Colors.

Gray & Yellow.

\$2.00

Per Package.



PRICE

One Color.

Gray,

Yellow.

Medium, Light,

\$1.00

Per Package.

This Compound now Stands WITHOUT

FROM THREE TO FIVE YEARS' TEST, BY LEADING DENTISTS THROUGHOUT THE WORLD, HAS PROVED IT TO BE ALL THAT HAS BEEN CLAIMED FOR IT.

FOR MOUNTING ARTIFICIAL CROWNS—It has been highly recommended, is non-irritating, non-conducting, in harmony with tooth structure, has no shrinkage or expansion, and is excellent for lining cavities and expensions with

IT WILL HARDEN IN WATER OR SALIVA. It does not detericrate with age. we have some over THREE YEARS OLD, and it works as nicely as when first made. We have increased the quantity of diquid in both packages, and all bottles are lettered with "Caulk's Diamond Cement."

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CAULK'S WHITE ALLOY.

Zinc enters largely into the composition of nearly all (so-called) White Amalgams, and some of the salts of this metal are very destructive to the living matter of Tooth Substance.

This Alioy contains NO Zinc or Cadmium; is of a peculiar Gray'sh-white color, and though made expressly ref Foat Teath, has good edge strength, and will stand mastication anywhere in the mouth. We have made a great improvement in it, costing more to produce it, and the price is \$4.00 per oz.

Put up ½, ½, and I ounce packages.

When properly manipulated with Pure Merchay, it will retain its color under all circumstances. The Best Endogsement of it is the large amount sold during the past three years, and the increasing demand for the same. increasing demand for the same.

> DIAMOND POINT STOPPING. CAULK'S

This form of Gutta-Percha, having been in the market for several years, has steed the greatest test of all—that of time. It is regarded as the best preparation of its kind for filling teeth it, the world.

We make Three Grades—MEDIUM (which is our regular and well-known D. P. S.) HARD and SOFT.

Unless otherwise ordered, we always send Medium.

The stopping its put in preparation over and the Pollets and Cylinders in SPLETE PARAMETER.

The stopping is put up in SEALED ENVELOVES, and the Pellets and Cylinders in SEALED BOXES, each bearing a fac-simile of our signature.

Price, in 14, 14, and 14 ounce packages, per onuce, \$4.00.

CAULK'S HYDRAULIC PEBBLES.

Its hydraulic qualities render it invaluable for setting pivot teeth. It is so pliable that it can be moulded or shaped into various forms, and when crystallization is complete, can be carved and polished, same as the sculptor does his marble.

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ANNUAL, 1884-85. CAULK'S DENTAL

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Sold at all Dental Depots.

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# DENTAL DEPOT

S. E. Cor. 13th and Filbert Sts., Phila., Pa.



-MANUFACTURER OF-

SUPERIOR ARMIFIGIAL GEENH.



UNEQUALED IN QUALITY AND PRICE.

-Send for Prices by the Quantity-

in ordering from Dealers be Sibley's Teeth! See that all Gum Sections bear sure and specify Sibley's Teeth! our Trade Mark, as above.

ALL THE LEADING DENTAL GOODS KEPT CONSTANTLY IN STOCK.

GIDEON SIBLEY,

13th and Filbert Streets, Philadelphia, Pa.

THE

# DENTAL PRACTITIONER.

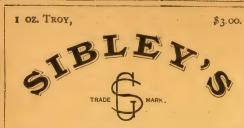
A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., EDITORS.
L. ASHLEY FAUGHT, D. D. S.

PUBLISHED BY
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This Alloy is prepared under the supervision of an eminent analytical chemist, which enables us to guarantee the chemical purity of the metals used.

Having been subjected to the severest tests before offering it to the Dental Profession, it has been demonstrated that it will not shrink or expand, nor discolorin the mouth, and can be used in the Front Teeth with better results than any other Filling except Gold.

### PRICES:

1 Oz., \$3.00, 2 Ozs., \$5.50, 4 Ozs., \$10.00.

MANUFACTURED BY

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DENTAL DEPOT,

13TH & FILBERT STREETS,
PHILADELPHIA, PA.

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  "I am well pleased with your G. and P.
  Alloy, it works smooth and looks well."
- S. G. HOCH, JONESTOWN, Pa.
  "Your GOLD and PLATINUM ALLOY is
  A. No. 1."
- S. L. GLADNEY, MAGNOLIA, Ark.

"Your G. and P. Alloy is superior in every respect to anything in the way of alloy that I have ever seen."

O. M. POE, HUMBOLDT, Nebraska.

"I have tested your Alloy and find it superior to any filling material that I have ever used. I am convinced that it preserves the Teeth, as well as gold."

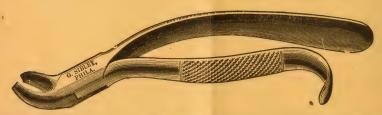
CYRUS BURROWS, RIVERSIDE, Iowa.
"In future I will use your Gold and
PLATINUM ALLOY. It is the best."

# If You want a Reliable Article, try Sibley's Gold and Platinum Alloy. We Guarantee Satisfaction.

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# Dental Practitioner.

A MONTHLY JOURNAL OF DENTAL SCIENCE,

Vol. III. PHILADELPHIA, MARCH, 1885. No. 3.

### IDEAL DENTISTRY.

BY W. H. METCALF, D. D. S., NEW HAVEN, CONN.

It is natural that dentists should look with pride upon the rapid progress made by their profession during the past fifty years; and it is not unbecoming that they should refer to it as something quite marvelous, and unexpected; but, while this seems, and is quite true, the fact remains that dentistry is but keeping a good pace with the remarkable advance of world civilization, and that it is growing and improving, but to supply a demand the existence of which indicates a general improvement among men. In fact to keep up with the universal progress and present to the expectant public finished dentists, strenuous efforts are constantly being put forth, and have taken the form of dental conventions, dental societies, and dental colleges. Journals and publications, not perhaps with the same aim, but with the same effect, are now issued, culling for their eager readers, the ripest ideas of the most experienced practitioners; and business houses have been established, who send agents to every corner of the land with specimens of the latest and best mechanical devices. Thus efforts to disseminate ideas, and improve the status of the profession, are nourished and encouraged de facto, by the actual necessities of the case. If a dentist has intelligent inquiring patients he must be an intelligent inquiring practitioner, or he will fail to satisfy their natural wants.

In recognizing the great strides that dentistry has made, we should not shut our eyes to the wonderful enlightenment of humanity at large. The world is progressive. We are living in an age of light; some say the *millennium* itself.

As a profession we are indebted to the outside world for the great majority of practical ideas which we have utilized. Nearly, or quite all great discoveries are the offspring of accident. Nothing is really new. Nature simply hides things from our dull mortal eyes, until we stumble upon them, and lo! they are revealed, and seem

novel. Electricity existed before Franklin, and it took Morse, Bell, Edison and a score of experts to perfect and apply the simplest form of electric current, for the accurate transmission of sounds, notwithstanding the thunders had rolled over the heads of men for ages,

In the same way that material nature holds undiscovered treasures in her bosom, so do men who are but a part of the grand scheme; and there are to-day stored away with professional dentists thousands of jewels which though occult, and hard to discover, are nevertheless of immeasurable value.

These occult professional faculties undeveloped, and constantly developing, are what we wish to call particular attention to in our paper to-day, and what we recognize as the fuel which shall feed the fire of the ideal dentistry of future ages.

Two men equally good workmen start on an equal footing in the same city at the same time, in the practice of dentistry. At the end of a year or two, one has acquired a lucrative and rapidly growing practice, while the other is in despair at the slow progress of his ambitions. Why is it? One is practically as good a dentist as the other, but he lacks those innate faculties which go to make the ideal dentist. What are these faculties? They may be divided into two classes. The first relates to the personel of the dentist, or those qualities which make up his personal appearance and manner, such as neatness, 'a pleasant face, and gentle demeanor. The other class are more obscure, more difficult to define, but are nevertheless of the greatest importance. They relate to his soul-bearing. They are a part of the very foundation of his professional strength. They are the buds which promise the full-blown flowers of professional success. Let us analyze a few of these buds. First: there is that peculiar faculty which enables him to make himself "en rapport" with his patients be they high, or low. By the exercise of this faculty he not only facilitates his own endeavors, but sends his patient away refreshed, instead of fatigued in body and spirit.

Next, he possesses the faculty of absorbing the mind of his patients by ingenious turns of conversation, so that they become in a great measure oblivious to ordinary infliction of pain.

Again, he may possess that wonderful faculty called animal magnetism, which is of invaluable use in the treatment of children, winning at once their young hearts, and gaining their implicit confidence; thus avoiding many disagreable delays and disappointments. It is within the bounds of possibility for children to beg to "go to the dentist." Another faculty which the ideal dentist may possess, is the ability to read character. This peculiar gift is natural to many, but it may be cultivated by a faithful study of human nature, as evidenced by temperament, and the wisdom which the

study of physiognomy, phrenology, and mental science will bring.

There are many other obscure faculties which deserve mention, but which space forbids; one most important one however we would urge upon the attention of the intelligent dentist. It the highest faculty which man can acquire. It is the art of divining the moral status of a person, by that instinct which is the fruit of the diligent study of physico-theology, or psychology. If there is much in a flower that leads us to God, surely in man, God's image, we can by research, decipher a universe of particulars, which will be intelligible, in the ratio of our ability, as ideal dentists, to interpret them. We know that in our skeptical age many intelligent men shrink from lifting the veil of materialism; but while such grope in the background of nescience, there are thousands more advanced, who pluckily press forward in the eager endeavor to peep into the invisible. May their eyes be fully opened; and may they all in time realize, that, above the plane of matter, there is a superior realm, divulging happy secrets of incalculable value to the truth-seeking man. May they be convinced, that, the laws of matter, are subservient to occult laws, as much higher as Heaven is above the earth.

In emphasizing the importance of these higher laws as essential to professional perfection, we do not wish to be understood as underestimating the necessity of mechanical thoroughness. They must work together, and harmoniously, to produce the dentist who is worthy of success.

There is no profession, which is better adapted to the study of human nature than dentistry. The physician is perhaps as fortunate in many respects, but even he is called only to the sick.

What is the key to our little arcanum? Study! A dentist cannot know too much. The more he knows, the better will be his life chances for success, both professionally, and as a man among men. Life becomes then instead of a stupid routine, an experience, full of delightful surprises; a genuine pleasure, not only to himself, but also to his fellow-men.

### TREATMENT AND FILLING OF DEVITALIZED TEETH.

BY H. M. VANDERSLICE, D. D. S., PHILA., PA.

In this enlightened age of Dental Science, a man lays himself open to the retort, that he should never have any devitalized teeth to treat.

That this age is a progressive one, and the only treatment admissible, is to treat antiseptically; and cap the pulp, thereby restor-

ing the tooth to a normal condition, and retaining all its strength and beauty.

The above I am willing to grant is the *ideal* method, and if any of the bright minds of the profession will bring to light any simple and *sure* mode by which it can be done, I will give them all honor, and most hearty thanks, and be with them heart and soul.

I have devoted a great deal of time and study to the problem of the perfect method of capping the pulp. Trying every method that has been recommended, beside original research, and boreing all my friends for their experience. And must confess with regret, that the failures far overbalanced the successes.

Now I know by this candid statement, that another retort is ready, and one that has considerable sting, viz. that you don't know how to cap the pulp; to which I can only say with shame that I don't know how, and if other members of the profession will be as candid they will confess the same thing. So that until I do know how; and all of us know how to treat the tooth perfectly; I shall continue to devitalized teeth, treat and fill them as such.

Some of our brothers in the profession, I know claim they have no failure in capping the pulp. If it is true, the millennium is near at hand and those favored mortals are too pure and good to remain with us imperfect beings here below. But I would suggest, that they watch their shining successes closely, and be very sure that the absence of sensation is not the quietness of death, and that the tooth they treated is not a whited sepulcher, fair without but foul and disgusting within. For it is a well known fact that a person may retain a devitalized tooth in the mouth for years without inconvenience, until some morning they awake to the fact, that they have a tooth, and that a very active inflammation or alveolar abscess has been developed.

I will grant that there are strong arguments against devilatized teeth, and confess, as we all must, to failure. But claim, that the failure is more frequent than it should be, and due most generally, to unskilful manipulation and carelessness on the part of the operator, and my object in this article, is to present (with all due deference) to the profession, a simple and easy method of filling the pulp chamber and root canals of devitalized teeth, a method that has stood the test of time, and in my hands is almost always successful.

The first and most important part to be observed is the proper preparation and care of the cavity to be filled; and there the great mass of failures occur.

First, by too much recklessness, and second, by too much caution. The first operator selects a good big bur, starts the Motor and goes at the tooth with a grand flourish; seeming to think that there will be a display of fireworks or something of that sort, when

he reaches the pulp chamber, and as his expectations are not realized, he keeps on until he does strike something, which is usually the tissue between the roots, or failing in that, he takes his nice sharp reamer, and carefully reams out, on one side of the root, if it don't happen to be perfectly straight. As it is a mechanical impossibility that a flexible, solid shaft with a fixed handle will drill a curve; attributes the bleeding that may occur to the pulp. Then carefully packs his filling into the surrounding soft tissue, and when the patient returns with acute inflammation or even alveolar-abscess, extracts the tooth, and denounces the filling of all devitalized teeth.

With as much fairness, as if a surgeon in a capital operation, were to neglect the tying of an artery, and when the patient bled to death, were to say that the death was due to mysterious dispensation of providence, and they had better take the corpse out at once and bury it, to prevent trouble.

Our cautious friend often gets himself into quite as much trouble as his reckless brother, by not thoroughly opening the pulp cavity, and is therefor not able to fill properly the root canals, as in a case that came under my attention; the tooth was a superior second molar, in which the operator (one of the best) had carefully filled two of the roots, and left the larger and most important, unfilled. Which proved a constant source of trouble. The materials we use, I think is of very little importance in filling root canals, so we apply it properly and with the utmost care.

First carefully open up the pulp cavity to its fullest extent, then locate your roots, if a superior molar be especially careful about the inner root; then do not ream or drill out the roots, but with delicate sharp broaches remove every particle of the pulp, destroying as little of the root substance as possible, but have the most thorough cleanness. In a canine or incisor tooth be as careful, not to force the filling out through the apical foramen. Which in these teeth, is frequently very large. If there should be any soreness in the tooth treat it antiseptically, and do not fill until all the soreness is removed; after which seal the end of the root, with any substance you may prefer, (gold or a pledget of cotton phosphate cement); gutta-percha, I do not recommend, as it almost invariably undergoes chemical change and becomes a source of irritation when exposed to the action of the natural fluids. Next fill the remainder of the root with whatever you are accustomed to use, my favorite, which is two parts chalk, one part iodoform, and creasote, enough to make a paste; then with broaches wrapped with cotton carefully introduce the paste into each root until it is full, then fill and finish as usual. It need not take an operator who is use to it, ten minutes to fill the roots by this process; and I can truthfully and conscientiously say that I have not had ten failures in teeth so treated in as many years.

The views advanced in this article I know are neither new or startling, and it is not the aim to carry "Coals to New Castle" by offering advice to my brother practitioners. But if any of the points advanced should be of service to the younger ones of the profession, I shall be happy and the whole aim and object of this article be reached.

# The Standard of Work on the Natural Teeth to which the Dentist of the Future must be Equal.

BY E. PARMLY BROWN, D. D. S., FLUSHING, N. Y.

The highest type of tooth preparation for gold building on decayed teeth is that which removes the most of the damaged tooth material, and cuts into and takes away the least of the uninjured structure, all other things being equal.

The most durable gold filling, applied to this ideal cavity, is that which is most dense up to a certain requirement, from the beginning of the retaining pits to the final finished surface. Density, combined with cohesion in its most perfect state, is requisite at each under-cut, retaining pit or dove-tail, to retain the filling in position, and to enable the operation to progress from its beginning to its completion without its budging, and finally to permit its being used for years or a life-time without giving way. The density of the center should be sufficient to prevent interference with permanent strength, or with the ability of the operator to accomplish all the auxiliary necessities. The density of the surface must be sufficient to permit the smooth and spotless finishing, and the permanent retention of artistic contour. The density of the margins of gold, where the tooth structure and filling join, must be sufficient to prevent and preserve a smooth and unbroken edge.

The highest type of enamel or tooth margin, which is to meet the gold margin, is that which is the farthest from forming a sharp edge or acute angle, to avoid the crumbling of the margin during insertion of the gold, as well as to prevent its breaking down by usage and time.

The highest type of gold margin which is to join the tooth margin is that which leaves the gold the farthest from a feather edge. And as these margins of different substances are always to meet each other, an obtuse angle to its edge must be given that which needs it the most, the enamel, which is of a brittle nature; the one that should receive the most acute angle to its edge will be that which will bear it the best, viz., the gold, which is malleable, lead-like.

The highest type of completed filling is that which is truest to nature: that which will most minister to usefulness and comfort, and best prevent future decay. This means a thorough contour restoration

illustrated on the grinding surface of the teeth by close occlusion of the filling with its antagonizing tooth; illustrated on the approximal surfaces by close knuckling of the gold to its next door neighbor to prevent the crowding between the teeth of food, which destroy the inter dental portion of the festoon of the gum, causing pain and inviting decay. The close knuckling also prevents an approaching movement of the teeth, without which the knuckling would in many cases meet each other at the margin of the gum, destroy it and invite decay by contact at the point. The accident most apt to befall this class of work is the entire breaking down of the gold, when improperly inserted, an accident preferable to the insidious lurking of decay behind the other class of fillings, imperfectly and loosely packed within weak retaining walls, when disastrous inroads of destruction warn the patient when it is too late, in most cases, to save the pulp or tooth,

The highest type of the dental arch completely repaired, durability and comfort being taken for granted, is that which is the truest to nature that the circumstances of the case will permit.

The highest type of gold is that which will do this work the best, the ease to the patient and operator being considered. An easy working cohesive foil is the desirable material.

The highest type of appliances to produce the result desired is that which will accomplish it the best, in the least time, with the least pain to the patient, and the least wear and tear and most profit to the operator. The hand mallet is good, but has two great objections that a mallet or plugger propelled by other force has not; it necessitates an assistant to use it, and it is slower in delivering blows. A plugger propelled by foot power does not give the operator the range of free action that one does that is opperated by force independent of his exertions. The only attention that should be required is start or stop the plugger at will, by a simple movement of the finger on the hand piece. A water power would be the best if it were possible to get the plugger to cover the ground, but water power is something that not over one dentist in ten possesses for such use. The electro-magnetic plugger every dentist can have, the battery requiring about ten minutes' attention and ten cents expense per week, and when the battery and plugger are once comprehended and are in good working order the dentist has an assistant that cannot be equaled.

Without it the operator cannot successfully compete with the operator who has it, all other things being equal. The gold works kindly under the influence, and is made as solid and strong at all points as is required. The patient objects to it less than to any other manner of inserting gold that I have ever known. The operator is delighted and infatuated with its easy, thorough, and rapid working.

Any system of filling is defective that does not condense its gold well, anchor its gold well, and have its weak margins of tooth well trimmed away.

The Herbst rotary method of inserting gold permits only one of these things. It does what the old hand pressure did, only in a different way. Its fillings are well anchord within the weak walls of the margins of the decay. The Herbst method necessitates a matrix in many or most approximal fillings, and this is a great objection because of the complication, the matrix being a very difficult thing to apply to the infinite variety of cases met with in practice.

That Herbst performs these operations skilfully and far better than the average of the dentists practicing about him, I do not doubt: but the attempts to demonstrate the superiority of the practice in this country have been lamentable failures. The rotary method of placing gold in teeth, I am happy to say as an American dentist, never would have had its birth in this land of ours, where dentistry was lifted from the gutter by our fathers, and where to-day it holds a preeminent position. I am willing to meet the inventor of the rotary method of packing gold, in a friendly trial of the comparative merits of his modus operandi with the plan of operation laid down as the correct thing in this paper. I will meet him in New York or Europe. I will operate with him in the mouth of a dentist who needs several days' work performed, he also to work in such a mouth. We will work together for several consecutive days before an audience of dentists, and let the audience see and believe, as their better judgment dictates; and if the gold building principles of Atkinson, Varney and Webb go to the wall, I am perfectly willing to go there with them, and Herbst shall triumph.

The adverse criticism of the Herbst method I make fearlessly, and I am willing to abide by the verdict that time will render. It will put many dentists struggling to attain good means to proper ends on their guard. There are many men lacking ability and knowledge to do as well as they wish, who are ever ready to grasp at every straw they see floating on the surface, instead of striking out manfully for something that will carry them safely to the harbor of success.—Independent Practitioner.

<sup>—</sup>A POCKET DIARY picked up in the streets of a neighboring city would seem to indicate, from the following choice extract, that the owner was a medical man: "Kase 232. Old Misses Boggs. Ain't got no bisnis, but has plenty of money. Sikness all a humbug. Gave her some of my celebrated Dipsefloriken,' which she sed she drank like cold tee—which it was too. Must put sumthing in it make her feel sik and bad. The Old Woman has got the roks."—Sanitarian.

### TEMPORARY TEETH.

BY E. J. LILLY, M. D., D. D. S.

Several days ago a gentleman, a stranger, called at our office, bringing with him his son, aged seven, who was suffering from a badly diseased temporary tooth. The father was one of those fussy, fidgety men, always making some remark, but never saying the right thing at the right time. The child was almost scared to death, and seemed about to collapse, when he discovered that he was at "the dentist's." He had been systematically deceived, (ignorantly, we will say), in regard to the cruelty and "horridness" of a dental operation, and was consequently wrought up to that pitch of fear and dread, the spectacle of which ought to have shamed the man. We tolerated the latter's talk for few minutes, then told him very pleasantly, but firmly that we would take the boy into another room, and ascertain what could be done for him. After securing the little one's confidence by asking a few questions, and telling him a short story, we examined his tooth and told him what was necessary to be done in order to relieve him. He was then ready and willing to have his tooth treated, which was accomplished without any more ado, much to the surprise and gratification of the father. We then explained to him, as well as the limited time at our disposal allowed, the necessity and benefits of early consulting a dentist, he promised to be not so negligent in the future.

In dealing with children the dentist must be kind and considerate, but firm, and he should have a strict regard for the truth, deceiving in no particular. We must remember that they will be our future patients; and untruthful statements, rough manipulation, and a severe demeanor, leave the impression on the mind that the "horrid dentist" is a person to be avoided; and if we do not take pains to make it as pleasant as possible for them when young, in after life they will apply to us only as the last resort.

We presume most dentists have found (to their sorrow, perhaps), that operating for children is both difficult and tedious, and often requires great patience and self-sacrifice. But after gaining their confidence by ways which will suggest themselves at the time, and by gentle manipulation,—which may, however, involve a greater sacrifice of time, and wear and tear of both mind and body, than is necessary in the case of older persons—the operation can be successfully performed. But it must be remembered in operating that the pulp of these teeth are relatively large, and come nearer the surface. The work, nevertheless, should be thorough, as the texture of these organs is such as to render imperfect fillings almost value-less.

We think the proposition will scarcely be denied that there is an unmistakable deterioration in the texture of the teeth of each succeeding generation; and in those instances where the parents, children, and grand-children, have come under our care, it is quite easy to see the gradual departure from the normal development. So that truth remains, explain it as we may, that the teeth of the majority of the children now, as compared with those of their parents, are of a poorer material, and fail to become as hard and dense as they grow older. But notwithstanding this, they can, with care, be preserved until their allotted time and usefulness shall have expired.

The deciduous teeth have, for the most part, received attention only when the sufferings of the child have rendered palliative treatment necessary, preventitive treatment being comparatively a rare production. Cleanliness is as essential here as with the second set; and the first step should be to teach the use of the brush, and, when necessary, the removal of the staining or deposit which often adheres with such tenacity to the enamel. The use of the brush should be taught as soon as the child has sufficient intelligence to learn it; and previous to that time, the duty should be performed for him. They should be brushed at least three times a day, a soft brush, on which has been placed a little soap and powder, being used for the purpose, brushing up, down and across.

These small teeth accomplish admirably the purpose for which they were designed, and it is our duty as dentists, when called upon for advice regarding them, to expend the energy, exercise the patience, and tolerate the annoyances necessary, in order to keep in condition to fulfill their functions, until such time as they will give place to the more permanent denture. There is a common belief among among parents that the "first teeth" are unworthy of any attention except that given by the forceps. But they have a useful purpose to subserve, and are really indispensable to the health of the child. Besides, they bear such intimate relations to the permanent ones as to render their preservation a matter of vital importance.

Temporary teeth differ from adult teeth in size, form, and density, and require to be carefully dealt with until the possessor is old enough to do without them. Between the fourth and ninth year is the period demanding the most attention, the child at this time being sufficiently manageable. A pleasing story, or talk about their plays or pastimes will almost always gain their good-will, and this is half the battle. Parents must be advised to have their children's teeth examined at intervals, and the importance of this should be impressed upon their minds. It is not enough to urge and persuade them to do this; we must, rather, make clear to their understandings the reason why one thing is right and another wrong. Mothers, es-

pecially, have a great tenderness for their offspring, for which reason it is easy to find an excuse for neglect. That should be anxious about them at this time is perfectly natural; but that the solicitude should be carried so far as to deprive the child of needed assistance, is, to say the least, not wise. If parents would feel the weight of responsibility under which they are placed, and act upon it, their children would reap the benefits of greater care and attention than many of them receive. And if they were made to understand how much pain and discomfort could be prevented and spared their little ones, for whom they would sacrifice anything, the long and wakeful nights they are sometimes compelled to pass, the money to be expended in regulating and filling, and the many other troubles that might be avoided by timely care and attention, we are sure the responsible parties would thoroughly awake to their duty. Decayed, aching, and dead teeth are, oftener than may be imagined, the prime cause of weak eyes, ear-troubles, head-aches, etc.; and they may even cause deafness, blindness, and other ills equally as bad. Then let us endeavor to impress the important truth that prevention is always better than cure. - Ohio State Journal of Dental Science.

### AGAIN A SALE OF AMERICAN DIPLOMAS IN EUROPE.

The following editorial article appears in the edition of the *Deutsche Medizinal Zeitung* (one of the best, if at present not the best German medical journal) of December 22, 1884. As it can only be of advantage to the medical and dental profession of our country to make the swindle as widely known as possible, and to denounce it in public journals, we bring in the following a verbatim translation of the article in question, whereby we cannot conceal that affairs of this kind by no means contribute to our reputation in Europe.

Swindle—Doctor—Diplomas. The German Monthly Journal for Dentistry, 1884, publishes the following interesting communication of Dr. Adolph Petermann, in Frankfort-on-Main.

The Frankfort Daily brought in its advertising columns the following announcement:

"Doctor-diplomas of Dentistry, Philosophy, Jurisprudence, etc., are reliably and discreetly procured. Address, C. R. (care of Stationer), 10 Duke Street, Bloomsbury, London, W. C."

An inquiry under a fictitious name was responded to from London by two letters from a "Professor" G. Rummler. The first letter is not worth publishing, containing but a general offer and assuring discretion. The second letter was as follows:

London, 32 Thornhill Crescent, J BARNSBURY, March 10, 1884.

Dear Sir: In answer to your favor, I respectfully inform you that you have to deal with an honest man, who will procure you the diploma only from a reliable institute, legally authorized to issue diplomas. The name of the institute is: "Wisconsin Dental Academy."

You may deposit the fee with any banking firm in Frankfort, and have the deposit certified to by the firm and communicated to me, whereupon I shall at once order the diploma for you. If you do not wish to confide in a banking house of your city, it will be best if you will send to me 200 marks (about \$70) at once, and the remaining \$70 on receipt of the diploma. Any other expenses besides the \$140 you have not. Please inform me, when ordering the document, of all your Christian names.

Further, I beg you to sign the enclosed printed application for graduation at the place where you read the word, "signed." All the rest I shall fill out. You will see at the back of the blank the attest of the President of the Academy that the degree is only conferred, if recommended by me. It will take about five weeks ere I can deliver the diploma to you.

Awaiting your reply and the return of the the application signed, I am, etc., etc.,

Prof. Dr. G. Rummler.

The words on the back were written as follows:

DELAVAN, WIS.; U. S. A.

"This statement will be honored from any practicing dentist if endorsed by Prof. Dr. Rummler.

GEO. MORRISON, President."

The "honest man," "Professor Dr." Rummler, therefore, procures anybody (also under a fictitious name), without trouble, for a payment of \$140, and without any scientific attainments or examination, a doctor-diploma from a chartered Wisconsin Dental College! Nice state of affairs!

From a former article of mine on the same subject, it will be seen that Mr. Morrison delivers even for \$12 such a diploma, while here \$140 are demanded. Indeed, Mr. Rummler is engaged in a dirty, but profitable business.

Amongst the advertisements of the *Kladderadatsch* is the following:

"Doctor Diplomas of Dentistry. Their legality officially attested. Discrete and reliable. B. Walden, 41 Princes Square, Kensington Park, London, S. E."

On inquiry at the above address, one receives the reply from

Berlin from Dr. Olschowsky, 100 Linden street. Mr. O. is gladly willing to procure the doctor-diploma from an American university, respectively a dental college, whose sole representative he is. After he has mentioned that the institute is legally entitled to confer "honorary doctor titles," he continues, verbatim, as follows: "You are permitted, therefore, to call yourself a doctor here, if you only add to it: 'Conferred in a foreign country,' or, 'not conferred here.' You may see in every Berlin newspaper, especially the *Tageblatt*, that they daily contain many advertisements of this kind, with these words added: "To procure you the diploma I need for the beginning only a short curriculum of your life, and I shall then take care of the rest and send you the diploma all filled out, so that you need neither interrupt your daily occupation, nor do anything whatever."

Finally, O. informs the applicant that the whole expenses amount to \$200, and that the pre-payment is not needed, only the deposit of the sum with a reliable business firm, but best with W. Marzillier & Co., Berlin, S. W., 25 Morkern str.

On further inquiry, Dr. Olschowsky answers, that all these things "must pass through his hands, as the college does never correspond directly with anybody else," and "that the college in question was situated at Delavan." In a third letter the application for promotion arrived, in a fourth Dr. O. advises quickly to conclude the affair, and in the fifth letter Dr. O. tries to quiet any fears of the questioner, in so far as he tells him that Prof. Morrison, the President of the Wisconsin Dental College, comprehends by practicing dentist only dental technic, and that dental surgeon meant something else-Dr. O. concludes verbatim. "It says, therefore, in the diplomas, which I shall obtain for you, not Doctor of Dentistry, but Doctor of Dental Surgery. Besides I have already procured this diploma for applicants, of whom the gentlemen across the ocean knew that they were not dentists, and it is therefore the same with you. I hope to have removed your scruples, and expect immediate conclusion of the affair, which opportunity I use to inform you that \$100 will meanwhile suffice."

Dr. Olschowsky, who has already formerly been active in the distribution of Buchanan's (the so-called Philadelphia) diplomas, now endeavors, therefore, to sell the totally valueless honorary doctor-diploma of the Wisconsin Dental College, in Delavan, Wisconsin, U. S. A., at the price of \$200, while the same bogus diplomas are procured through Prof. Dr. Rummler, in London, for \$140, and from the Wisconsin Dental College itself for \$12. I have sent the letters of Dr. Olschowsky to the Imperial Secretary of the Interior (of Germany), and thus we may hope that from there this dirty trade may be suppressed.—Medical and Surgical Reporter.

# EDITORIAL.

### "DENTISTRY."

The successful results of our professional labors often depend so much upon the intelligent co-operation of our patients, that any effort to convey correct popular information regarding the principles which underlie the scientific practice of dentistry is no less to be commended than an effort to elevate the profession itself.

It has never been our good fortune to read anything better calculated to enlighten the public as to the aims and possibilities of our occupation, than the article on Dentistry, written by Prof. C. N. Peirce, which appears in the second volume Encyclopedia Americana, Supplement to Encyclopedia Britannica.

The writer occupies twelve large double column pages in the treatment of his subject, presenting it in such a scientific and at the same time comprehensive manner, that it may be read with profit alike by the profession and the public.

Under the sub-heading—Practice of Dentistry—he says: "That from a very remote period some attention was given to the treatment of diseases of the teeth by the Egyptians and Greeks is well attested by the writings of Herodotus, Hippocrates, Aristotle, Celsus, and others; but to the nineteenth century and to the United States of America has been reserved the honor of witnessing the present state of dental proficiency. This has been secured through the energy, industry, and genius of the native artisan, and for its maintainance it is essential that the future dental practitioner shall with unceasing effort pursue his anatomical, physiological, histological, and pathological studies. Familiarity with dental development and eruption normal and abnormal, with the numerous and diversified anomalies to which the hard and soft tissues are liable, and the means essential to their protection and preservation, as well as of prosthetic dentistry, embracing the construction and adjustment of artificial substitutes where accident or disease has destroyed the natural organs, is of the utmost importance to those who would successfully practice dentistry.

The following statement embraces some of the more important points which require the attention of the dentist:

Abnormal conditions of the dental tissues:—Caries, necrosis, exostosis, abrasion.

Mechanical injuries of the hard tissues:—Fracture, dislocation, dilaceration.

Abnormal conditions of the dental pulp:—

Irritation, inflammation, granulation or polypus, suppuration, death.

Abnormal condition of the alveolo dental periosteum :—

Irritation, inflammation, acute and chronic, hemorrhage; abscess.

Abnormal conditions of the alveolar process:—

Necrosis, exostosis, absorption.

Abnormal conditions of the gums, prior and subsequent to the eruption of the teeth:—

Inflammation, ulceration, recedence, tumors.

Abnormal conditions of the antrum resulting from diseased teeth.

Tartar or salivary calculus:—Its origin, location, color, influence.

Extraction, replantation and transplantation of teeth.

Construction of obturators and artificial palates.

Anæsthetics: their administration and influence.

Irregularity of the teeth: its cause and treatment.

Mechanical dentistry: manufacture of artificial teeth, taking impressions, base plates, attaching teeth to bases and securing the same in the mouth."

After presenting the various theories which have been advanced respecting the cause and progress of dental caries, the writer says: "No one theory has adequately explained the pathological phenomena; a better appreciation of the systemic and local conditions which contribute to this tooth-destruction might prove of value.

A study, carefully contrasting the teeth of those who live upon dry, solid food with those subsisting largely upon fluids or semisolids, would show a marked difference in favor of the former. The increasing predisposition to toothache and other dental annoyances, which many experience while laboring under mental or physical debility, or exhaustion; the exalted sensitiveness of the teeth during gestation and lactation; the almost uniform certainity of the loss of two or more teeth by the average mother for every child nursed; the greater predisposition of teeth to decay in youth over adult life; the uniformity with which the teeth of a child resemble in conformation and structure those of its ancestors; the certainty with which the influence of a specific taint transmitted from parent to progeny is shown upon the teeth; the recognized fact that dental caries always attacks the external surface of the teeth first, and in such localities as are difficult to keep clean, and from these points advances to the center:-speak in unmistakable language of inefficiency of protective methods based entirely upon manipulative skill, and at the same time they point with unerring precision to the fact that there

are certain physical, mental, moral, dietetic, hygienic, and hereditary causes which are contributing both directly and indirectly to the prevalence of dental caries."

Under *Treatment of dental caries* we find these truisms: "The varying density, sensibility, and recuperative power of the teeth of different individuals, and of the same individual at different periods of life, make the selection of a material for filling a matter of great importance. It is a well recognized fact that teeth during the period of their lowest recuperative power and greatest metamorphic tendency will more readily tolerate and be best preserved by plastic fillings possessing a low conductive power and a maximum degree of adaptability.

\*\*\* A filling material must possess certain attributes, such as ease of introduction into the cavity; adaptability to the walls of the same; density to withstand attrition in mastication, susceptibility of consolidation; resistance of chemical agents found in the mouth, non-susceptibility to thermal changes; harmony of color, and the absence of injurious influences, either local or constitutional."

In discussing the *extraction of teeth* he makes some statements which are deserving of the widest circulation, and should serve as a warning to those sufferers who, made impatient by pain, seem to think more of immediate relief than of future comfort, and are too prone to believe that the remedy lies only in the removal of the offending member. He says; "Since the introduction of nitrous oxide gas, with its reputed comparative freedom from injurious influences, thousands of teeth are annually sacrificed which could with the aid of dental skill be made comfortable and serviceable for many years. To appreciate fully the extent of the injury done by this wanton sacrifice of human teeth would necessitate the collection and publishing of a complete record of the operations of those who perform only this one branch of dentistry.

The flaming advertisements for the painless extraction of teeth are some of the most conspicuous relics of the charlatanism which has so succe-sfully and unfortunately brought into disrepute the profession and retarded its advancement.'

There are many other good things in the article to which we might call attention, did space permit; we can only add that in writing it Dr. Peirce has rendered a marked service to the public, and his professional colaborers. It is to be regretted that reprints are not obtainable for more general circulation.

## THE MODERN GERM-THEORY.

There is certainly, at the present time, no subject of greater importance to the medical profession than the germ-theory. Of no less interest should be the matter to those in the practice of dentistry. Much has been developed of late, but the records of the advance have

been so disconnected, that to the ordinary student the relationship is lost, and few we fear could claim to understand what is definitely known and has been proven concerning it. Prof. Hugo Engel, of Philadelphia, has lately delivered a lecture on the subject, the full report of which was published in the Medical and Surgical Reporter of October 11, 1884, and constitutes a most valuable contribution to the literature of the day. That our readers may have the benefit of its salient points, we present here a resumé of it.

"At the boundary between the vegetable and animal kingdom there is an immense empire of minute beings, too small to be visible to the naked eye. So difficult becomes here the distinction between animal and plant, that for a long time even experts were in doubt to which of the two kingdoms these micro-organisms belonged. The question seems not yet definitely settled, though the majority of the observers incline to the belief that they must be classed to the vegetable kingdom. There are two great subdivisions of these minute beings: Hyphomyceti and Schizomyceti. The first, so-called moulds or fungi, multiply mainly by the aid of spores. They are parasites, many of which give rise in the human being to diseases of the skin and mucous membrane, as favus, aphthæ, etc. The propagation on the other hand of the schizomyceti takes place mainly by division, and it is with the last we have here to do.

Most of the schizomyceti having a rod-like shape, they have received the generic term of bacteria. But not all bacteria are so formed, and according to their morphological peculiarities they are subdivided as follows:

- 1. Micrococci or Cocci, characterized by their circular shape.
- 2. Bacilli, by which term are understood all rod-shaped bacteria, whether short or long.
- 3. Bacteria proper, as which science recognizes only the very shortest bacilli.
  - 4. Vibriones, also rods, but of wavy shape.
  - 5. Spirilli, forming short stiff screws; and,
  - 6. Spirochaeti, which appear as long flexible screws."

These bacteria under favorable conditions for their development have great productive power, and if no impediments were placed in their way would overpower every living organism for it has been shown that one in three days became 47 trillions. They can however propagate only under certain conditions. "For instance, their most common kind, the septic bacteria, cannot obtain sustenance from the healthy living human or animal body; and what difficulties they have here to overcome, may be judged from the fact that in the blood and tissues of *healthy* beings not a single bacterium has ever been found.

But the enormous propagation of septic bacteria at once begins where death has interrupted the mechanism of life, and the organized tissue having ceased its motion, is decomposed, decays, ferments, and putrefies. And it is to-day a recognized fact, undisputed by any authority, that the process of putrefaction, by which the dead organized substance loses the form and the composition of its constituent parts, is not only accompanied by the development of bacteria, but is in fact caused by it and kept up by it alone. But not decay and putrefaction alone are caused by these microbes; there are many chemical processes, known by the name of fermentations, which have been proven to depend upon the vital process of bacteria, or other micro-organisms related to them."

The researches of modern times have added to these known phenomena the proof of the supposition of Henle that a contagium vivum was the pathogenic cause of infectious diseases. "The first discovery of this kind Pollender and Brauell made, independently of each other, by detecting peculiar small rods in the blood of animals and human beings suffering from anthrax. Thanks to the labors of Davaine, Bollinger, Klebs, Pasteur, and especially Koch, it is now generally recognized that these small rods are genuine bacteria, species bacilli, and that they are really the pathogenic cause of of anthrax. Investigators next succeeded in demonstrating the constant presence of certain bacteria in all morbid processes belonging to the great group of septico-pyæmic diseases. The definite proof of their character as pathogenic elements has thus far been given by Klebs of the micrococci causing septic cystopyelonephritis; by Rindfleisch, Klebs, and others, of the micrococci producing septicæmia and pyæmia; by Luke and Kocher of the cocci inducing osteomyelitis, and those of erysipelas by Nepven, Orth, Billroth, Klebs, etc. Also in septic ulcerative endocarditis, whose cause was so long an enigma to physicians, the constant presence of micrococci-colonies can be easily demonstrated. The micro-organisms of diphtheria have not yet been discovered; neither have those of variola, scarlatina, morbilli, acute yellow atrophy, and hæmophilia neonatorum been detected. But the micrococci causing gonorrhœa, discovered by Meisser, and those of croupous pneumonia, detected most recently by Friedlander, are now recognized as elements constantly present in these diseases.

The discovery of Obermeyer, that in the blood of persons suffering from relapsing fever during the febrile stage innumerable screw-bacteria were invariably found, produced a deep impression upon investigators, and soon from all sides proofs were adduced. As further acquisitions, definitely proven, may be considered the discovery of lepra-bacilli by Hausen and Weisser; of the typhoid

bacilli by Klebs, Eberth, Koch; of the tubercle bacilli by Koch and Baumgarten; of the bacilli of glanders by Schutz and Israel. They can easily be demonstrated in recent cases, if the methods of investigation described by their discoverers be employed; and their constant occurrence in the diseases mentioned is generally acknowledged. The bacteria described as syphilis-bacilli, by Klebs and others, and the malaria-bacilli, detected by Marchiafava, Klebs, and Tommasi, have not been confirmed by the other observers. While enumerating these discoveries, I will ultimately mention that of Koch, who found in the intestines and the dejections of cholera patients the so called comma-bacillus never absent.

We may say, therefore, that in a large number of general and local infectious diseases, peculiar schizomyceti, with special characteristics in every malady, have been proven to be constantly present. The view once held that, what had been taken for bacteria, were really products of the granular decomposition of tissues, may be said to have long since exploded. The recent improvements in bacterioscopic technic, and the discovery of the pure-culture of these microbes by Klebs, Pasteur, Koch, Ehrlich, and others, have enabled investigators to give undoubted scientific proof of the existence and recognition of the bacteria. There, further, is to-day no longer the slightest suspicion of their being a post-mortem product.

To enumerate all the various species of micrococci which have been proven pathogenic elements, would lead me too far. I will only state the fact that scientists agree that the proof has been given of erysipelas, that it is caused by micrococci.

There are amongst the schizomyceti varieties which do not give rise to infectious diseases. To these positively non-pathogenic bacteria belong the bacterium termo, the cause of putrefaction, many micrococci, as the common pigment-cocci, then the so-called hay-bacilli, many other bacilli, producing fermentation, and most real vibriones, spirilli, and spirochaeti.

Then there are bacteria, not strictly pathogenic, but dangerous to the human race, as they put up their abode in parts of the organism which have lost most of their vitality, or have become mortified, and in which these microbes cause putrid decomposition, whose products, if absorbed and carried into the blood, act as poisons upon the system. To these belong all septic bacteria; they develop only under the condition named, and in the healthy living being they cannot propagate.

Some varieties again, as the bacilli of lepra, relapsing fever, typhoid fever, cholera, etc., multiply only in the human organism, while others grow and develop in the animal body alone, and again other do so in both.

Still it may surprise, when considering the power of multiplication of these bacteria, their presence in enormous quantities in diseased tissues, and the fact that morbid material alive with them, and products of tissue-change from the infected organism reach in various ways the outer world, and there are spread through the air, in water, food, etc.—it may surprise, I say, that under these circumstances in the course of a long life not every human being becomes the victim of all the various pathogenic bacteria, and affected with all the infectious diseases. Let us consider this question.

A large part of the pathogenic schizomyceti are not capable of development and multiplication except under conditions, such as they exist only in the interior of the living human (animal) organism.

These bacteria, called endogenous microbes, cannot preserve, therefore, in the world outside the living body, their virulent properties, or but for a short time; their multiplication, upon which their pathogenic character depends in the outer world, under natural conditions, is, therefore, an utter impossibility. In general, infection with such endogenous schizomyceti is therefore, possible only when you are brought into direct contact with the diseased body, or its recently discharged products, or if you approach very near to them; and the danger of infection by contact or by near approach will greatly depend upon the fact whether the pathogenic bacteria can pass through the air in sufficient quantities, and in a fertile condition, over into another living human body, or whether for this end a more or less continuous contact of fluid or solid morbid material, containing the living bacteria with the injured skin or mucous membrane, is a necessity.

The danger of infection would appear to be greater in ektogenous pathogenic micro organisms, *i. e.*, those which can develop and multiply also outside the living being. But experiments have shown that an infection by simple inhalation, as formerly supposed, is by no means frequent in these cases, and with some varieties, as for instance, anthrax, it never takes place. The anthrax bacilli, if they do not develop directly in an open sore or wound, must be swallowed, and cannot infect the human being simply by being inhaled. The bacteria of pyæmia and septicæmia, the comma-bacilli of cholera and others, can neither become dangerous to the human organism if inhaled; while the cocci of pneumonia seem to be the only ektogenous schizomyceti which threaten the human being in this manner alone.

It is an undoubted fact that we may easier escape from a danger coming to us in the shape of the water we drink, or the food we eat, or threatening us by contact, than we could guard against the inhalation of bacteria. The first we may prevent, the last we cannot. Then nature herself has taken care that these microzymes shall not overwhelm the human race. As I said before, so many conditions must favor the development of the most virulent micro-organisms, that the observations thus far made promise, that the day will not be distant, when we shall succeed in driving the whole breed from the neighborhood of civilized humanity."

L. A. F.

### ESCHAROTICS.

In a late article emenating from the Biological Labratory of the University of Pennsylvania (Med. News. Jan. 24th), by Drs. Randolph and Gibson, attention is called to the painless character of an escharotic composed of a saturated solution of the hydrochlorate of cocaine in strong nitric acid. The success of such a method suggests the value that might accrue in certain dental manipulations with escharotics, used in connection with this drug. Here is an idea, will some one work it out and let us hear the result?

### EDITORS DENTAL PRACTITIONER:-

In the short article on Perforated Teeth which appeared in the Dental Practitioner for January, the statement is made that, in the text books nothing is found treating of the subject in question. This statement was made after considerable search and some inquiry and deemed correct. Since then the writer's attention has been called to the fact that in Dr. Flagg's "Plastics and Plastic Filling" the subject is treated in substantially the same manner as in the article mentioned. Strangely enough this was overlooked, although the book was examined before the article was written, but in this examination the unobtrusive paragraph escaped his notice.

It may seem strange that familiarity with the book named did not prevent the apparent plagiarism, but it is two or three years since the volume was read, a daily intercourse with Dr. Flagg having made its methods *practically* familiar, and taken the place of re-perusals.

In describing the operation of treating a perforated tooth the writer simply stated his usual methods of procedure, utterly unconscions that he repeated, almost word for word, the description given on, p. 138 of "Plastics and Plastic Filling." This similarity doubtless arises from the fact that his practice is identical with that of Dr. Flagg, being based on the teachings of the latter.

A. B. HARROWER.

KEY WEST, ., FLA., Dec. 6th, 1884.

GIDEON SIBLEY.

Dear Sir:-

Enclosed you will find fifty cents for renewal of my subscription to the Dental Practitioner. The progress made by the Dental Practitioner since its birth in January, 1883, is very manifest, and deserving of appreciation. It is a very welcome monthly visitor to my office.

Wishing it still more success in the future, I am

Yours truly,
C. F. Kemp, D. D, S.,

Key West, Fla.

# A BILL TO REGULATE THE PRACTICE OF DENTISTRY IN THE DISTRICT OF COLUMBIA.

A bill to regulate the practice of Dentistry in the district of Columbia passed the House of Representatives on January 12th. It provides for a board of examiners, and requires them to make proper inquiries into the fitness of all who practice dentistry in the District of Columbia, to issue certificates of competency, and to keep a full register of dentists so practising. Non-compliance with the provisions of the Act is made punishable by a fine not less than \$50 or more than \$200, in default of the payment of which, imprisonment for not less than thirty days, nor more than ninety days. Nothing in the Act to be so constructed as to prevent surgeons and physicians from extracting teeth and prescribing for or treating diseases of the mouth.—Med. News.

# DENTAL SOCIETIES.

Annual Meeting of the Alumni Association of the Philadelphia Dental College.

The twenty-second annual meeting of the Alumni Association, of the Philadelphia Dental College, will be held at 7.30 o'clock, Tuesday evening, March 10th, 1885, at 866 N. 7th St.

CHAS. E. PIKE, D. D. S.,

Secretary.

### Southern Dental Association.

The seventeenth annual meeting of this association, will be held, in New Orleans, La., Tuesday, March 31st, and continue in session four days.

J.R. WALKER, Chairman Comm. Arrangements.

# BOOKS AND PAMPHLETS.

The Principles and Practice of Dentistry including Anatomy, Physiology, Pathology, Therapeutics, Dental Surgery and Mechanism. By Chapin A. Harris, M. D., D. D. S., late President of the Baltimore Dental College, Author of "Dictionary of Medical Terminology and Dental Surgery. Eleventh Edition. Revised and edited by Ferdinand J. S. Gorgas, A. M., M. D., D. D. S., Author of "Dental Medicine," editor of Harris' "Dictionary of Medical Terminology and Dental Surgery," Professor of the Principles of Dental Science, Dental Surgery and Dental Mechanism in the University of Maryland. With two Full-page Plates and Seven Hundred and Forty-four other Illustrations. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut Street. 1885. Price, in Handsome Cloth Binding, \$6.50, Leather, Raised Bands, \$7.50.

Since 1841, "Harris' Principles and Practice" has been recognized as the standard authority upon the practice of dentistry. That it has reached its eleventh edition, attests original worth, as well as the untiring zeal of its author (while living), his associates, and successors in their endeavors to keep it fully abreast of the times.

A comparison of the early editions with the present, affords a good retrospective view of the wonderful advancement and improvements in dental practice during the last forty years. The present edition is the result of more than a year's labor by Prof. Gorgas, and that his labors have been well directed, the book gives ample evidence. In fact, such a transformation has it undergone, it would hardly be recognized except for its title page. Much of the original text has been rearranged and rewritten, and such new matter added as was necessary to cover the professional field up to the time of its publication. The name of its editor, whose ability for this kind of work has long been recognized, is sufficient guarantee that it has been conscientiously and thoroughly performed.

New matter appears under the following captions:

The Development of the Bones of the Head and Face: Temporo-Maxillary Articulation; Description of Mucous Membrane; The Origin and Development of the Teeth; Analyses of Tooth Structures: Secondary Dentine; Dentition; Calcification and Decalcification of the Teeth; Alveolar Pyorrhœa; Aphthous Stomatitis; Thrush; Sanguinary Calculus; Malformed Teeth; Effects of Syphilis upon the Dental Structures; Caries of the Maxillary Bones; Sensitive Dentine: Theories as to the cause of Dental Caries: Treatment of Dental Caries: New Methods, Materials and Instruments Employed in Filling Teeth and other Operations; Electric Mouth Lamp; Electric Mallet; Dental Engines and Attachments; Rubber Dam Appliances: Treatment and Appliances for Correcting Irregularity of the Teeth; Contour Fillings; Replantation and Transplantation of Teeth: Different Methods of Inserting Artificial Crowns on Natural Roots; Bridge Work; General and Local Anæsthetic Agents; Improved Forceps; New Materials and Trays for Impressions; Articulators; Blowpipes; Furnaces; Celluloid; New Apparatus for Vulcanizing Rubber and Moulding Celluloid; Repairing Vulcanite: Duplicating Dentures; Theory of Vulcanizing; Regulators: Gold Alloy and other Cast Bases; Temperament in Relation to Natural and Artificial Teeth; Improvements in Porcelain Teeth; New Splints for Fracture of the laws; etc., etc., etc.

The dental profession will not be slow to acknowledge and appreciate the vast amount of labor done, and good accomplished by Dr. Gorgas in revising this work, which, more than ever before, deserves a high place in the list of dental text-books.

FACTS.—A Quarterly Dental Journal, Edited by E. M. MARTIN, D. D. S., M. D., and published by the Facts Publishing Company, Chattanooga. Tenn.

Such is the title of a new dental journal, the first number of which is before us, and which we hope has a most brilliant future before it.

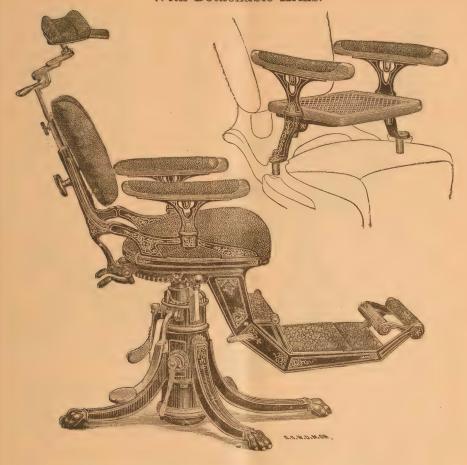
<sup>—&</sup>quot;How does that suture taste?" inquired the patient, when the doctor had sewed up the cut in his head and bitten off the thread close to the scalp. He could not help it; he had been kicked by a mule on the alimentary canal.

<sup>—</sup>In a Georgia limestone quarry the other day a human jawbone with a full set of sound teeth was found, imbedded in the rock sixty feet below the surface of the earth. A few weeks before, the lower part of a person's arm and the shoulder-blades were found; also, some teeth, which an Atlanta geologist pronounces those of the cave bear, the first evidence that the cave bear ever existed on the American Continent.

### THE

# Improved Wilkerson Dental Chair,

With Detachable Arms.



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In Best Quality Green, Crimson or Maroon Plush, And Andrews Best Quality Green, Crimson or Maroon Plush, Andrews Best Quality Green, Andrews Green,	\$180 00
In Crimson, Plain Turkey Morocco, or Leather,	180 00
In either color of Finest Plush, puffed with Plush, trimmed with Silk Cord, with Wilton Carpet,	200 00
In Fancy Upholstery, puffed with Plush, trimmed with Silk Cord, with Carpet to match,	210 00
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For Lateral Movement, add to any of above prices	10 00
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Carpet to match.	210	00
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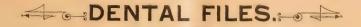
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USED IN VARNISHING PLASTER MOULDS FOR VULCANIZING RUBBER, DENTAL PLATES, RUBBER STAMPS, &c., &c.

Imparting a smooth surface, without destroying any of the fine lines in the Mould.

PRICE. (including Brush) 25c. per bottle.

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# MANUFACTURER OF DENTAL FILES,

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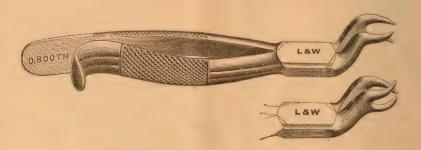
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Since making sample pair of these Forceps for Dr. Booth, from his original pattern, we have had constant inquiry and demand for them, showing they have met the need long felt for a proper Forcep in Extracting Upper Molars, where the crown is broken, or partly broken away. The above cut gives a correct idea of their form, so that further explanation we feel unnecessary.

PRICE PER PAIR, N. P., . . \$2.50

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# Universal Rubber-Dam Forceps

We are prepared to supply the above, adapted to the Carmichael Clamps, from suggestions and patterns furnished us by Dr. J.P. Carmichael. We have also modified them so they will do same work as the Bowman Allen Forcep, making them the most "Universal" R. D. Forcep offered.

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Plugger points for Bonnvil Mallet per dozen,	at y	a' a	-	Property Pro-	-	Ser.	1 4	( #)	\$3.00
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Engine burs and Excavators pe	er doz.,	, a		141	2.8	ALL CONTRACT	e.,				78
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# The Compound of Iodoform

For General Use for the Treatment of Pulpless Teeth, and for Capping Exposed Pulps, Etc.

PREPARED BY DR. WM. C. FOULKS.

Composed of Iodoform, Hydrate of Chloral, Acetate of Morphia, Chlorate of Potassium, Sulphate of Zinc, and Oil of Cloves, Cinnamon, Cajepute, Eucalyptus, Turpentine, and Glycerine, quant. suf.

This paste is free from objectionable odors, will not SPOIL or DRY if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never alters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a number of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure-all," but one that will GENERALLY be amply sufficient for the permanent or temporary dressing of canals, and for capping pulps, etc. A circular, containing explanations and directions, accompanies each box.

Put up in 4oz. wide-mouth glass bottles. Price per box, \$1.50.

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HANDSOMELY FINISHED AND NICKEL PLATED, \$1.50. If send by mail, postage extra, 10 cents

These Articulators are equal in all their fitting parts, to any \$2.00 Articulator, and are superior in weight, strength, and fittings, to any sold at \$1.00 or 90 cents.

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OUR RUBBER DAM is unsurpassed in quality. We have both the dark and light colored, and put it up in convenient form for use, in strips (rolled) 5 yards long and 6 inches wide, also 4 yards long and 8 inches wide. Medium thickness. Quality guaranteed. Price, \$1.50.

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# EUGENE DOHERTY,

444 FIRST STREET, Brooklyn, E. D., New York.

WARRANTED TO BE

# THE STRONGEST & MOST UNIFORM RUBBER MANUFACTURED.

It is the toughest and most durable Rubber made. Vulcanizes same as ordinary Rubber.

# SAMSON RUBBER.



MANUFACTURER OF ALL KINDS OF

# Dental Rubbers and Gutta Perchas.

### PRICE LIST OF DENTAL RUBBERS AND GUTTA PERCHAS.

Samson Rubber, per lb		
Black Rubber, per lb	No. 2 Rubber, per lb 2 25	ber, per lb
Gutta Percha for Base Plates, per ber, per lb 4 00 lb 4 00 Weighted Gutta Percha, per lb 4 00	Black Rubber, per lb 2 25	ber, per lb 4 00
	Gutta Percha for Base Plates, per lb 2 25	ber, per lb 4 00 Weighted Gutta Percha, per lb 4 00

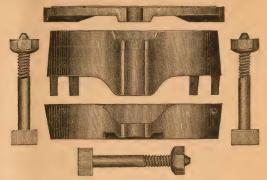
Fore.—The above Rubbers and Gutta Perchas will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Denta. Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

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# IMROVED SANCHOR FLASK.





The above cut represents a Flask of our own make, it being greatly improved over the old style Anchor Flask, in many respects, as follows:

It is larger in size, and much thicker, weighing nearly two-thirds more.

It has much longer guides, and is so constructed that it is impossible for the bolts to slip, thus making it the most perfect and convenient flask in the market.

Any Vulcanizer measuring 3\frac{3}{4} inches in diameter, inside, will admit this flask easily.

PRICE, MALLE.	ABLE	IRON,	\$1.0	0, postage,	25 cents.
EXTRA BOLTS,	per	set,	2	5,	free.
WRENCHES,	_	- 201	1	0. "	6.6

# FRENCH'S

# SELECTED DENTAL PLASTER

				-	-	:07	-		
6	quart,	air-tight	can,	:		1 1 1		1.00	\$ .70
12	46 .	66						* * * * * * * * * * * * * * * * * * * *	1.15
16	66	6.6				1			 1.45
24	66	6.6			٠.				2.00
Q	uarter-B	Barrel,				ž			 1.60
H	alf	66							2.50
O	ne .	"				1			3.50

We also keep slow-setting Plaster, which is preferred for Models and Flasking; at above prices. When sent by freight, porterage extra.

# LAWRENCE'S AMALGAM.

# "The Old Reliable."

This Amalgam has received the endorsement of the Profession at large for over forty years, which would seem to render any remarks as to its excellence superfluous.

### Price, \$3.00 per ounce.

Purchase only of reliable dealers, their agents, or of the inventor and only manufacturer,

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# WATT'S IMPROVED METAL.

# BETTER THAN ANY IN USE!

Six Ingots to the Pound,

Per Ingot, \$1.00.

Printed Instructions with each Ingot.

This metal is far superior to the well-known Watt & Williams metal. It is the result of diligent research, aided by abundant leisure, and long experience in the science of metallurgy. Watt's Metal is stronger and runs sharper than any in use, while it withstands chemical action within the mouth better than 18 carat gold.

It has no equal for lower plates, gives a much better fit than rubber, celluloid, or gold, and is good conductor of heat and electricity. Weight is often advantageous; but if shrinkage is very great a base plate of the metal may be made, and the teeth attached to it with rubber or celluloid. Most beautiful upper or lower dentures may be thus made, and no other work has greater durabilities.

Molds may be made in almost any flask, but a glance at the cut of the Watt Flask will persuade any one to buy it who intend to use the work.

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# KING'S OCCIDENTAL AMALGAM.

PRICE REDUCED TO \$3.00 PER OZ.

5 oz. at one time, \$2.75 per oz.; 10 oz at one time, \$2.50. per oz.

This Amalgam has been before the profession in Ohio and Western Pennsylvania for some years, and all who have used or tested it, agree that it has merits over any other Amalgam in the market.

The process of manufacture differs from that of other Amalgams, and

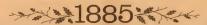
### BY A NEW INVENTION

Dr. King is enabled to obtain better results, both in regard to COLOR, SHRINKAGE and EXPANSION, than is obtained in any other alloy in the market.

Test for color consists of sixty grains of Sulphuret of Potassa, dissolved in one ounce of water. Amalgam plugs to be left in this solution twenty-four hours or more. The Occidental will remain bright after this test, and we know of no other Amalgam, at even double the price, but that will discolor. All who would use the best should buy it.

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GEO. WATT, M.D., D.D.S., Editor, Xenia, Ohio.

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# ANÆSTHETIC.

We have recently purchased of Dr. C. G. Von Bonhorst, now of Pomona, Cal., at considerable expense, his tamous Anæsthetic and Applicator, with complete apparatus for manufacturing and putting up the same. This anæsthetic is so well known in this vicinity that we only consider it necessary to state that it is again in the market. As to its genuineness we refer to Dr. Von Bonhorst, who has sent all orders which have been sent him since he went to California to us. We call attention to a few of the prominent dentists who have used and can recommend the Anæsthetic,

Having use!

Dr. VON BOMBORST'S

### ANÆSTHETIC

from the time it was first obtainable to the present, I take pleasure in saying I consider it of great utility,

# Lessening the Pain

incident to some of our most severe operations.

CINCINNATI, February 7th, 1884.

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President of Mad River Valley and Ohio State Dental Societies

THE MOST PERSISTENT PREPARATION KNOWN
YET PERSECTLY HARMLESS TO THE PATIENT
INVALUABLE IN EXTRACTING TECH

ALSO IN WEDGING TEETH APART.
WHEN APPLIED TO THE GYMST THROUGH THE
APPLIED THROUGH THE
APPLIED TO THE GYMST THROUGH THE
APPL

I have treated a score of

# **Exposed Nerves**

both those that follow excavating, as well as those exposed from decay, and

### Not One Failure.

All treated by the aid of your preparations.

D. R. JENNINGS, D. D. S., Ex-President Ohio State Dental Society,

My experience with your goods is similar to that of Dr. Jennings.

PROF. J. TAFT.

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Ex-President Ohio State Dental Society.

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Price of Anosthetic, per Bottle, - - - \$1.50.

Price of Applicator Reduced to - - - - - - - - - - - - 1.50.

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OHIO DENTAL AND SURGICAL DEPOT,

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See Illustration on another page, of a few styles of "Sibley's" Plain Teeth.

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Our Medium Rubber Dam is superior—none better in the market. Put up in convenient form, 5 yards long, 6 inches wide, also 4 yards long and 8 inches wide. Price \$1.50.

The Improved Anchor Flask, is the best in the market.

The "Eclipse" Rubber is stronger than most, and as strong as any. It packs and finishes easy.

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The No. 1 Articulator has been reduced to 90 cents, (by mail 10, cents extra), Gideon Sibley.

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OXY-CHLORIDE OF ZINC, per package,	1.00
"AMBERLINE" (Tooth-soap,) per box, 50c. EAU BOCO (Tooth-wash,) per bott	le, 50c.
PEPPER BAGS, (package of 20,) \$1.00. GLASS MORTARS, (properly ground	l,) 75c
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Sizes

Price, per Package, \$2.00. Liberal Discount to the Trade.

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# 196 Third Avenue, New York,

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"DECIMAL GOLD FOIL" "DECIMAL GOLD ROLLS"	Per ovnce, Per one-tenth ounce,		
"DECIMAL ROLLED GOLD"			
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"ROWAN'S IDEAL ALLOY"		5.50;	10 00
"IDEAL CEMENT," with pigme	nts, per package,	 	1 00

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GOLD ROLLS (Made from No. 4 Soft Foil.)

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SOFT OR NON-COHESIVE, AND COHESIVE,

ALL FROM ABSOLUTELY PURE GOLD,

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# NITROUS OXIDE GASOMETER



This Gasometer is believed to be the

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IT IS FITTED FOR EITHER A 100 OR 500 GALLON CYLINDER.

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### PRICES.

In Best Quality Green or Garnet Plush or	Plain Morocco,			\$130 00
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Spittoon Attachment, extra				4 00

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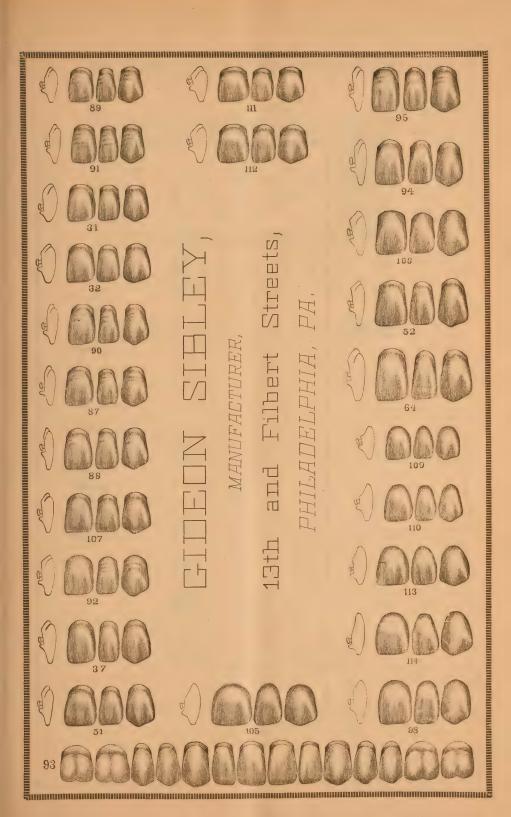
# STUDENT'S MORRISON CHAIR.

To meet an oft-expressed want of a first-class chair at a low price, the Student's Morrison was brought out. It is, in all respects, equal to the regular Morrison Chair. except that it is upholstered in a corded material instead of plush. It presents a very attractive appearance, and will wear nearly as well as plush.

In Corded Upholstery

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or exchange for other goods for what is returned in good order. not meet the expectations of the purchaser, we will gladly refund the money, while we feel confident that it is superior to any in the market, yet, if it does This Rubber is of the class commonly termed Tough Rubber, and

PRICE REDUCED.

IN 10 LB. LOWS, 2.48 PER POUND, \$2.75

# GAULK'S FILLING MATERIALS.

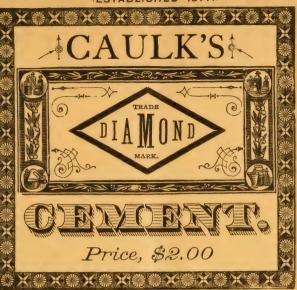
PRICE

Two Colors.

Grav & Yellow.

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PRICE

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Gray,

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Medium, Light,

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Per Package.

THIS COMPOUND NOW STANDS

FROM THREE TO FIVE YEARS' TEST, BY LEADING DENTISTS THROUGHOUT THE WORLD, HAS PROVED IT TO BE ALL THAT HAS BEEN CLAIMED FOR IT.

FOR MOUNTING ARTIFICIAL CROWNS—It has been highly recommended, is non-irritating, non-conducting, in harmony with tooth structure, has no shrinkage or expansion, and is excellent for lining cavities

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IT WILL HARDEN IN WATER OR SALIVA. It does not deteriorate with age. we have some over three years old, and it works as nicely as when first made. We have increased the quantity of liquid in both packages, and all bottles are lettered with "Caulk's Diamond Cement."

CAULK'S PAR-EXCELLENCE ALLOY.

This GOLD and PLATINA ALLOY is manufactured on a new principle, has won its way into popular favor, and now ranks among the best. It saves teeth where others fail. By our new method of manufacture there is no guesswork, the molecular change is controlled, making each and every ingot always and absolutely alike in its properties.

Price in 1/3, 1/2 and I ounce packages, per ounce, \$3.00.

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Zinc enters largely into the composition of nearly all (so-called) White Amalgams, and some of the salts of this metal are very destructive to the living matter of Tooth Substance.

This Alloy contains NO Zinc or Cadmium; is of a peculiar Grayish-white color, and though made expressly for Front Teeth, has good edge strength, and will stand mastication anywhere in the mouth. We have made a great improvement in it, costing more to produce it, and the price is \$4.00 per oz.

Put up ½,½, and 1 ounce packages.

When properly manipulated with Pure Mercury, it will retain its color under all circumstances. The Best Endorsement of it is the large amount sold during the past three years, and the increasing demand for the same.

CAULK'S DIAMOND POINT STOPPING.

This form of Gutta-Percha, having been in the market for several years, has stood the greatest test of all—that of time. It is regarded as the best preparation of its kind for filling teeth it. the world.

We make Three Grades—MEDIUM (which is our regular and well-known D. P. S.) HARD and SOFT.

Unless otherwise ordered, we always send Medium.

The stopping is put up in SEALED ENVELOVES, and the Pellets and Cylinders in SEALED BOXES, each

bearing a fac-simile of our signature

Price, in 1/4, 1/4, and 1/2 ounce packages, per onuce, \$4.00.

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Its HYDRAULIC qualities render it invaluable for setting pivot teeth. It is so pliable that it can be moulded or shaped into various forms, and when crystallization is complete, can be carved and polished, same as the sculptor does his marble.

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TRADE———MARK.

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TERFECT IN SHADE,
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-Send for Prices by the Quantity-

In ordering from Dealers be Sibley's Teeth! See that all Gum Sections bear sure and specify Sibley's Teeth!

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THE

# DENTAL PRACTITIONER.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., EDITORS. L. ASHLEY FAUGHT, D. D. S.

PUBLISHED BY

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This Alloy is prepared under the supervision of an eminent analytical chemist, which enables us to guarantee the chemical purity of the metals used.

Having been subjected to the severest tests before offering it to the Dental Profession, it has been demonstrated that it will not shrink or expand, nor discolor in the mouth, and can be used in the Front Teeth with better results than any other Filling except Gold.

### PRICES:

1 Oz., \$3.00, 2 Ozs., \$5.50, 4 Ozs., \$10.00.

MANUFACTURED BY

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- J. W. PLUMMER, FULTON, Mo., says:—
  "I am well pleased with your G. and P.
  ALLOY, it works smooth and looks well."
- S. G. HOCH, JONESTOWN, Pa.
  "Your Gold and Platinum Alloy is
  A. No. 1."
- S. L. GLADNEY, MAGNOLIA, Ark.
  "Your G. and P. Alloy is superior in
  every respect to anything in the way
  of alloy that I have ever seen."
- O. M. POE, Humboldt, Nebraska.

  "I have tested your Alloy and find it superior to any filling material that I have ever used. I am convinced that it preserves the Teeth, as well as gold."

CYRUS BURROWS, RIVERSIDE, Iowa.
"In future I will use your Gold and
PLATINUM ALLOY. It is the best."

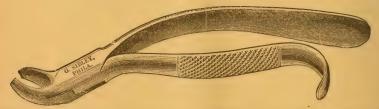
If You want a Reliable Article, try Sibley's Gold and Platinum Alloy.

We Guarantee Satisfaction.

Put up in 1-oz., 2-3 oz. and 1-3 oz. Packages. PRICE, \$3.00 PER OUNCE.

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# DENTAL FORCEPS



THESE FORCEPS are of excellent finish—NICKEL PLATED. Their adaptation to both tooth and hand is unsurpassed. The best quality of steel is used in their manufacture, and the greatest care exercised in tempering them. Any FORCEPS broken, with proper use, within one year from the date of purchase, will be exchanged.

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Thirteenth and Filbert Streets, - - - Philadelphia, Pa.

#### THE

## Dental Practitioner.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

Vol. III. PHILADELPHIA, APRIL, 1885. No. 4.

#### MY LITTLE PATIENTS.

BY L. E. DISNEY, PEABODY, KANSAS.

"Ah! what would the world be to us
If the children were no more;
We should dread the desert behind us
Worse than the dark before."

Yes, my little patients. Why not? I have a number of them and have had more. I love them. I love to think about them, and about their pranks, and their cuteness. It really affords me no appreciable pleasure to see them coming the first time, though I endeavor to get pleasure out of their visit in the end. The little "dears" look so scared and afraid. Children from three to ten are my little patients. At once my sympathy is aroused, and I spare no pains to assure them of it.

The first thing to be done is to become acquainted with them and to gain their confidence. With some this is quickly done; with others it is not so easily accomplished, owing to difference of disposition. Kindness, pleasantness, and a little ingenuity in the way of showing and explaining how to use the instruments will often very materially aid in bringing about the desired result. This done you can by careful and dextrous manipulation do your work with much satisfaction to your little patient and a great deal of pleasure to yourself.

On their first presentation I do no work unless conditions absolutely require it. After a pleasant conversation and an examination of the mouth they are dismissed with a cordial invitation to come again soon,—perhaps at a stated time, perhaps not, owing to cir-

cumstances. It is a real pleasure to see how differently they greet you at their second coming. The face which at first was the picture of fear, distress and doubt, is now pleasant with growing hope and confidence. The scowling, frowning, cloudy countenance is assuming a transformation radiant with sunny smiles. Indeed so great is the change in some cases, not in all, that you really wonder if anything at all is the matter. They come now with so much confidence that with pleasure you ask them to come and please be seated. Children, after all, do not want to be treated so very differently from grown-up folks. When ready, and not keeping them waiting long, in the most pleasant and pleasing manner possible I engage them in a short conversation and ask them to "sit up in this big chair." Generally they acquiesce quite bravely. Then gently and cautiously I proceed to see what is required.

Nothing must be done to lose my place in their confidence, for if once lost no amount of coaxing, persuading, or promising can restore it. Here particularly "honesty is the best policy." Never deceive children,—they never forget a deception nor the perpetrator of it. Better let them go away without having anything done than to run the risk of incurring their everlasting distrust by practicing a deception. There is a threefold advantage in dealing honestly with them. First, you maintain your own conscience void of offense; secondly, you take a step toward establishing yourself in the confidence of the child; and thirdly, you ingratiate yourself in the favor and goodwill of the parents. Whoever has had much experience knows that a good way,—one of the best ways,—to win the parents is to make yourself a favorite with the children. Let doubting ones try it and be convinced. Trying may lead them to a "proof of the pudding."

Now an illustration or two and I shall close. One day an affectionate mother brought her little boy to the office to have an aching tooth extracted. He was a stranger to me and I to him. He, perhaps, did not quite comprehend that a dentist is a man much like other men and might have a good supply of the "milk of human kindness" in him. So, as a consequence, in the chair he rebelled against having anything done because "it will hurt so." I talked soothingly and encouragingly, while his mother stood behind the chair out of his sight and said *sotto voce* "tell him it won't hurt." Not complying with her command, she repeated it. Then I said, "I never lie to children." She took the hint and let me alone. Shortly afterwards the work was done in my own way, and my little patient went away thinking himself quite a hero and believing me to be his friend.

Another case was that of a bright, sweet, interesting five-year old, brought to me by a good, kind, doting mother, to have a "horrid old tooth pulled out." It was thought best on examination to save it for a year or two. The mother readily consenting told me to do what I thought best, whereupon the tooth was excavated and dressed, and the little girl kindly requested to come again in two days. came, and the tooth was found in what seemed to be a good condition for filling, which was done with Diamond cement, after wiping out the cavity with carbolic acid. In about two weeks it became sore, but as the child did not complain much it received no attention until an abscess had formed. Then she came to the office. The filling was cut out, and the abscess lanced with no other complaint than a little cringing and the exclamation "that hurts." I syringed it out thoroughly with warm soft water and salt, and put in a dossil of medicated cotton and dismissed her with instructions to come again in two or three days. At the appointed time, finding it doing well and not desiring to interfere with nature, I let her go again for a few days, then washed out the cavity, dressed it with a solution of iodoform, and filled again with the cement. Since then have heard nothing from it.

> "What the leaves are to the forest, With light and air for food, Ere their sweet and tender juices Have been hardened into wood.

> That to the world are children,
> Through them it feels the glow
> Of a brighter and sunnier climate
> Than reaches the trunks below."

#### GOLD AND GUTTA-PERCHA IN COMBINATION.

BY FRANK L. BASSETT, D.D.S., PHILADELPHIA, PA.

Although nearly every method of filling teeth has been frequently described and discussed, one that is applicable to a certain class of cavities, and which I have practiced for several years with great satisfaction, will, I think, warrant repeating. We often find cavities in the masticating surfaces of molars and bicuspids, which have only a small orifice, but when explored reveal the presence of very extensive caries.

The orifice of the cavity should be enlarged only so far as to obtain firm margins, and then with properly shaped spoon excavators all parts of the interior of the cavity may be reached and the decomposed dentine removed. Into this bottle-shaped cavity guttapercha stopping should be packed until the cavity is filled to a distance from the top equal to or rather less than the diameter of the opening. The sides should be left parallel and the surface of the gutta-percha made smooth. The remainder of the cavity can now be filled with soft gold foil rolled into cylinders and condensed against the sides and bottom. If preferred, amalgam can be used instead of gold in the latter part of the operation.

The advantages which may be advanced for a filling of this kind are: First, after comfort; the gutta-percha effectually protecting the pulp from the shock of thermal changes which is often unbearable when a filling is composed entirely of metal. Secondly, economy of time; the whole operation requiring but a fraction of the time necessary for a filling entirely of gold. Thirdly, durability; owing to the compatibility of gutta-percha with dentine. The decalcified dentine need not be removed in preparing the cavity, but if carefully protected with gutta-percha will soon harden by recalcification.

The advantage of gutta-percha as a foundation over any of the so-called insoluble cements, is that should caries enter the tooth from other points so far as to reach the filling, the gutta-percha will not be dissolved away, and leave the tooth hollowed out ready to crush if any unusual strain is put upon it. A tooth filled in the manner described will not be so liable to split as one in which all the overhanging walls are cut away, as is required when all parts of the cavity must be reached with a direct pressure for condensing gold.

#### AN ADDRESS.

To the graduating class of the Pennsylvania College of Dental Surgery. Read at the twenty-ninth annual commencement, February 26th, 1885.

> BY HENRY LEFFMANN, M. D., D. D. S., Prof. of Chemistry and Metallurgy.

At the close of a long course of study, the object of which has been to fit you for the service of a profession, the oldest and best differentiated specialty of medicine, it is deemed appropriate that the public conferring of the degree which has been earned should be

supplemented by a formal leave-taking on the part of those who have directed your studies. Our social existence is comparable to our individual nature. Life, physiologically, is a succession of compositions and decompositions; life, socially, is a succession of meetings and partings. The present occasion, the commencement of the session of 1885-6, marks perhaps the most important step that has been made in dental education since the establishment of the college system, more than a generation ago. The demand for greater thoroughness in medicine and medical specialties has grown so strong that the summer last past witnessed a convention of dental instructors for the express purpose of placing the college system on an improved basis. I regarded it as a high privilege to take part in the deliberations of a body so distinctly representative and progressive. By the acts of this convention, which assembled in New York City on August 4th, 1884, and completed its work at Saratoga the same week, the degree of D.D.S. has come to represent necessarily a definite course of study pursued for two years under the guidance of a competent faculty. The inadvisable system of allowing a term of practice to take the place of a first course has been abolished. The system was perhaps necessary in the early days of dental colleges when to draw the threads too tightly would have failed to hold anything, but the idea has been for some years that it was unjust to both student and profession; to the former because it gave him the idea that if practice could be a substitute for college training the latter was then merely a modified practice; unjust to the profession, because it placed the same estimate on very different attainments. Ample experience has shown that the preliminary practice does not give extra facility for acquiring the principles of the science, nor does it even insure special excellence in the clinical work, while the mental strain put on the student who had to acquire his information in five months instead of seventeen was so great that it would alone, in the mind of an experienced teacher, constitute a serious objection. The error is now happily corrected and with the precautions that have by general agreement been thrown around the new system, the dental colleges of the United States enter upon a new era of existence. It is merely in the direct benefit that flows from the reform itself that we find cause for congratulation, but it is the earnest that it gives for further advancement. It will not be long we may hope when the inauguration of a preliminary examination will still further increase the value of the American degree of D.D.S. In the course that events are taking in the instruction in medical science, profiting by the example which dentistry has set,

we may see a strong tendency to higher specialization. The highest service to the public, the greatest benefit to the patient—which after all is the only object of professional search—will be attained when the specialization reaches to such a point that the training is distinctly for the special service. The recognition of this tendency in connection with the marked success that has attended the establishment of the dental degree as a special honor, will encourage probably in the near future the establishment of other degrees. I look for the creation of degrees in ophthalmology, otology, etc., commensurate with those in dental surgery.

The adoption of the two years rule will place it in the power of dental faculties to establish at once a reasonable approach to a graded course. It would be curious to know how originated the present remarkable system under which a student is expected to know nothing, however simple, if he has heard it only once; and to know everything, however difficult, when he has heard it twice. It will be a long while perhaps before we can hope to get rid entirely of what remains of this system but we are now, at least, on the road to reform, and in my own lecture course next winter I will avail myself of the opportunity, for if there is any department of science in which all the aids by instruction are needed, I think you will all agree with me it is chemistry.

In dismissing from the college guidance a class like the present, the members of which are to be almost instantly absorbed into the body of the profession which they have chosen, it is considered opportune to give some general advice, which if heeded is supposed to be of advantage to the young graduate himself and to the community. I recognized, however, no appropriateness to saying anything concerning moral or social problems; but I see and avail myself of the opportunity to offer a few words, which I trust you will take to heart, in reference to your professional relations. During the term of study to which you have devoted yourselves you have been made acquainted with an enormous volume of facts and inferences, which together constitute the science and art of dentistry. It may not be uninteresting for us to consider the means by which these have been accumulated. We recognize nowadays that the human race has existed for a long time, but the historical period is comparatively recent, and the systematic investigation of natural phenomena according to what we now recognize as the scientific method is still more recent. The facts and inferences which constitute a science are embodied in its literature, and this is continually growing in extent and value by the contribution of active spirits. It

is obvious that the rate of growth will depend on the number, activity, and earnestness of the contributors. Unless the collection of material proceeds continually, the science will cease to be progressive. The vast majority of the knowledge which has been laid before you in a course of instruction which covers mechanical, chemical, and biological science is the free contribution of previous workers. It exalts our opinion of the dignity of human nature to recognize the unselfishness with which the results of elaborate study have been freely given to the world, and it points to the young man or woman entering on the practice of a profession the undoubted duty to make in the spirit of gratitude a repayment of kind to the scientific brotherhood.

We do not fully realize how long it takes to elucidate the nature of any natural phenomenon until we turn to the history of the study of it as recorded in the past literature of the science. The chemistry and physiology of respiration has been made clear to you, but it has taken centuries to develop the facts and theories as they have. been taught. Not only has a long time been necessary, but the contributions of many different men working on many different topics. The observation that carbon dioxide was unfit for breathing purposes was made by Van Helmont in 1648; and the fact that all animals—terrestrial and aquatic—require air was established by Boyle in 1670. Lower, at about the same time, observed the change of color in blood. John Mayow, in 1674, elaborated many of the important details in the chemistry of respiration, which were still further continued by Black and Priestly. Thus, in this one item of discovery, we see that the steps in the knowledge concerning it were begun over two centuries ago, and continued by workers of different countries and of different periods.

In the ordinary course of human events most of you will be spared for many years of professional activity. In these years you will have opportunities for original observations which may add new knowledge or correct that which is old. It is your duty to exert yourself to the utmost, not only to utilize such opportunities, but to make known to the profession through its literature the results of your observation. The field is ripe on all sides to the harvest. But few can expect to become great thinkers, generalizers, or inventors; but all are capable of recording observations and testing statements and theories. Your profession as now organized offers you abundant opportunities for giving and receiving information. Dental societies—local, state, and national, and numerous journals give facilities for interchange of thought. I would advise you to connect

yourselves at an early date with some of these organizations, for you will derive not only profit from the papers and discussions, but pleasure from the occasional re-unions.

Long experience—I might almost say long suffering—at conventions and scientific societies, prompts me to give you one piece of advice in regard to any communications that you may in future offer. Make them short; give nothing but what is new, or absolutely essential to a comprehension of the matter. Remember the incident that is told of the man who took a manuscript to a scholar for correction. Upon reading it the scholar said "I would go over this and strike out every second word." "But" said the writer "that would make nonsense of most of the sentences." "Every sentence that is so affected I would omit." I have read and heard read hundreds of pages to which this pruning process could with advantage be applied. I would like all of you to become apostles of a new dispensation in this matter.

In the midst of the scientific tendency which is characteristic of the age we must distinguish the fact that progress is not alone constructive. A large part of the search for truth is the preliminary destruction of error. It is one of the difficulties of the present college system that it is prone to give to the pupil a limited view of the sciences which are taught. No science is free from disputed points, nor from erroneous doctrines which have been bequeathed from earlier days. Teachers necessarily present with greater vividness their favorite view, and the more authoritative and impressive the teacher, the more thoroughly one-sided the theories are apt to be. The feeling on the part of the pupil that he will be called at no distant day to repeat as a test of fitness the views which are presented to him in the lectures, narrows the freedom of thought, and creates a tendency to respect authority which is not entirely consistent with scientific progress. Bear in mind therefore that while all that has been taught you has been conscientiously taught, yet every day brings forth evidence that we have been accepting errors for truth, and do not conduct your practice merely in the unreasoning acceptance of any dogma or method of practice because it has the sanction of authority or antiquity.

The history of science, especially medical science, is full of instances of the baneful influence of the conservative spirit, and the greatest teachers of philosophy have taught us that we began progress in knowledge by rejection of all doctrines except a few that seem fundamental. We look with astonishment, or perhaps amusement, on the errors of the past, but we are probably the victims of errors

as amazing or ridiculous, for which we are in turn to become the text for sermons to posterity. The erroneous notion that a heavy weight would fall more quickly than a light one prevailed for centuries, and prevented a recognition of the simple principles of gravitation; the belief that the eruptions of the common fevers were efforts of the system to rid itself of diseased matter, led to many years of erroneous treatment. We smile at the delusions of witchcraft, but we still are under the influence of many imaginary terrors.

Advice as to your conduct in your social and professional relations I do not wish to give. Not that I consider such questions as uninportant, on the contrary I regard them as of extreme importance. It is precisely for this reason that I think that moral and ethical duties need some stronger teaching than that which would be given by a few brief words at the last moment. The striving toward a higher life which is clearly marked in the present age, is an effort which cannot be much benefitted by talk. It is a question of example. If, during the time in which you have been under college guidance, · your teachers have failed to set you with sufficient vividness the example of punctuality, progressiveness, kindness, and other qualities that make up the professional gentleman, I do not think that any words here could repair the omission. I believe, however, that these examples have not failed, and never fail in dental education. We may safely contrast the dental profession with any other of the learned professions in their ethical and social relations, and I am sure that in such a contrast you will bear out the well-earned reputation of your alma mater.

I might, however, refer to one point which perhaps will be in sympathy with the audience generally if not with you. When Mr. Micawber was about to enter the study of the law, he was asked if he had any knowledge of the profession. He answered that as defendant on civil process he had a large experience. So most of those here have had some experience of dentistry—as patients. Your practice is a surgical specialty and it will be often your duty to deal roughly with highly sensitive organs. Do not allow your scientific spirit to go so far as to be indifferent to the nervous system of your patients. It is often necessary to inflict pain, it is never necessary to do it with indifference.

Although we are about to break forever ties of acquaintance and friendship, some of them the growth of many months, and the combination here presented will never be reformed, yet we cannot regard the occasion as a sad one. An object has been attained, a course of mental effort at high pressure has been brought to a close, and I am

sure that we may without hesitation congratulate ourselves that the work is done. To you, of course, the hour is more momentous than to us. Here, in the presence of those who are near and dear to you, you enjoy a public triumph which all feel is merited, and which will linger in the memories of all concerned. \* \* \* \* You are to be scattered, literally, to the four quarters of the earth, prepared to practice dental surgery in all its branches. Your fitness for the work has been tested by due examination and it will now devolve upon you to follow out the teachings which you have received. Your instructors will watch with attention your future career, and nothing will give them greater pleasure than to hear of any or all of vou in the literature of the profession. I trust that success may attend you efforts. Many of you have long and perilous journeys to undergo before you reach the scenes of your homes, or in which you have chosen to begin your labors. To all these, I extend, on behalf of your alma mater, the wishes for safe and speedy transport, and with the customary congratulations on the happy termination of your college work, I bid you, for my colleagues and myself, farewell.

#### ODONTOGRAPHIC SOCIETY OF PENNSYLVANIA.

The regular stated meeting of the Odontographic Society of Pennsylvania was held in the hall of the College of Physicians and Surgeons, on Tuesday evening, Feb. 17th, 1885, at 8 o'clock. The president, Dr. Wm. A. Breen in the chair. After the transaction of the usual business of the society, the following report was presented from the delegate to the Pennsylvania State Dental Association:

To the Officers and Members of the Odontographic Society of Pennsylvania:

Gentlemen:—Having been honored by being elected a delegate from this society to the State Dental Association. I respectfully report that as such I attended the Sixteenth Annual Session held at Wilkesbarre, Pa., on July 29th, 30th, and 31st, 1884. The sessions were held in the Wyoming Valley Hotel, and about forty members were present, presided over by the president. Dr. S. H. Guilford.

The usual routine business was transacted, but I was somewhat surprised to find that the minutes of the previous sessions were not approved, being incorrect, and it being implied that they had been altered or amended by some one since the last meeting.

We had the following papers read:

"Calcification of the Dental Tissues, Enamel and Dentine," by Dr. C. N. Pierce.

"Dental Diagnosis," by Dr. Chas. J. Essig.

"Reflections on the Practical Bearing of the Germ Theories of Disease," by Dr. Henry Leffmann.

"Operative Dentistry," by Dr. Allan G. Bennett.

That of Dr. Essig was a good paper and the best read, not only for practical purposes but for preparation and instruction.

The subjects for discussion were "Pyorrhœa Alveolaris" and "Capping of Exposed Pulps." The discussion on these as well as the papers themselves are published in full in the printed proceedings, so that it is not necessary that I should make any mention further than to say the discussion was very instructive, but might have been more so if kept within the bounds of the subject.

I cannot close this report without giving expression to the thoughts that came to me during my attendance, viz: the utter violation of the laws adopted for the governing of the society. Members and others were admitted, invited to speak, discuss subjects, and read papers in direct violation of the law governing the same. One section says "No one but a regularly received delegate, or permanent member shall be invited to take a seat or participate in the discussion except by unanimous consent." Yet gentlemen were present who were not members of that association, or of any dental society in the State, who were admitted and invited to speak without consent being asked; and a paper was read by one who does not nor never has practiced dentistry.

Another section defines those who shall constitute members, and another who shall be officers, yet all present were treated as members and an officer was elected who does not reside or practice dentistry in this State.

Another section states that before admission every delegate shall sign the constitution and pay a fee, after being reported upon by the Board of Censors. Yet I was admitted without ever meeting any of the Board of Censors, paid any fee, or signed any constitution, nor was I notified to do so. Being accustomed to attend other societies where delegates or representatives were not required to pay any fees, I thought the same rule was followed here, and that only the permanent members or those who were not delegates had any fees or dues to pay, until I returned home and looked over the laws. Thus am I compelled to acknowledge my ignorance and neglect, and through that ignorance did I assist in violating the law.

A lively debate ensued as to the practicability of the State Dental

Laws, and a member stated, without fear of contradiction, that they were not worth a snap of his fingers, or paper upon which to print them; and ere openly violated in that very city, under the very noses of the representatives there assembled, by those who defied their operation. Another member pictured in graphic strains the results of an attempt to enforce them in another part of the State, where the society had to back down completely, and really apologize for attempting to enforce the laws, and it was openly stated that of the two black sheep in the case, the one upheld by the society was the blacker.

This was my first visit to the society meeting, and I must admit that I was somewhat disappointed, and came home feeling that I was hardly repaid for my trouble.

In conclusion, gentlemen, I must apologize for the delay in presenting this report, but sickness, absence from the city, and from your meetings have prevented me sooner discharging my duty to you, for which I ask your indulgence.

Fraternally yours,

Jos. R. C. WARD, D.D.S.

Dr. Kingsbury stated that he had been much interested in the report, but confessed that he had also been somewhat surprised by its tone and statements. He deeply regretted the cause for the complaints that had been made. He was reminded of the time when the call was issued for a convention of dentists resident in the State to organize the "State Dental Society of Pennsylvania." In accordance with that call a large number of the profession assembled at the Philadelphia Dental College, Dec. 1st, 1868, for the purpose, as stated in the call, of taking the initiatory steps, and framing a Constitution and By-laws; also to make such provisions as might be deemed proper and necessary for securing the passage by the Legislature of laws chartering the institution and regulating the practice of dentistry in the State. The objects of the convention were regarded as of great importance in their relation to the dignity, protection, and welfare of dental practice in the State.

I well remember the deep interest and zealous enthusiasm manifested by all present. The credentials of the delegates were duly examined and reported, and all the proceedings were conducted in the most careful and parliamentary manner.

On the second day, Dec. 2d, 1868, the State society was duly organized, officers appointed, and on motion of the late Prof. McQuillen "a committee was appointed to draft a bill to secure legislation

to govern the practice of dentistry, in this State, and to charter this society." I recollect that I was one of this committee. The report was made—was discussed—and after some alterations finally adopted. Subsequently the proposed legislative action was secured as you all know. The Constitution and By-laws were drawn with great care, and were thought to be sound and practical, and in every respect calculated to subserve the best interests of dentists within the limits of the State. The Code of Ethics of the "American Dental Association" was at a subsequent meeting recognized and adopted in its essential features for the government of the members of the State society.

In view of all these facts I cannot understand how such irregularities and mal-administration, as stated in the report just read could have been committed or tolerated. Such looseness in conducting the business of any organized body must naturally lead to anarchy, contempt, and disorganization. In order to avert such a result, it is to be hoped that those members who see and deplore the present disregard of the Constitution and By-laws of the society; and who feel the importance of securing and perpetuating to the dental profession the great benefits which this State society was intended to bestow, will at once unite in such measures of radical reform as will effectively remedy existing evils, and make the society what it was intended to be:—a valuable and honored auxiliary in dental education and practice.

Dr. Boice was delighted with the report.

The Constitution, By-laws, and Code of Ethics, in the State Dental Society of Pennsylvania are practically inoperative. To give an illustration we will refer to the law in relation to membership. According to it a man to become a delegate and afterwards a member, has to be a graduate or have a certificate from the Examining Board of the State society, and be a member of a local society in the district in which he resides; yet they receive men who have neither graduated nor hold State certificates, and from a local society which has not even complied with the laws making that society entitled to representation. I am glad we have a delegate having courage to make such a report.

Dr. Ward stated that perhaps a portion of his report was somewhat out of the usual order of things, but it struck him as so unusual in an organization that is supposed to have an oversight and enforce the laws of subordinate societies, to openly violate their own laws that he could not fail to make mention of that fact in his report, and omit opinions on the papers, subjects, and discussions, which are usually

presented. He had expected so much from so distinguished a body of gentlemen, whose names are enrolled as members of that assocition, that he must admit that he was disappointed.

Adjourned.

#### A LETTER WORTH READING.

To Young Men in the Dental Profession:

Having been in the practice of dentistry for a number of years I am able to advise young men, to some extent, how to treat their patients. What I am about to say may not seem to you very important, but as years pass by, you will reflect on the past, and perhaps a suggestion or two may not be out of place at this time.

A patient calls to see the dentist,—on making an examination of the teeth, sometimes you will find they never use the brush because someone has told them all that is necessary is to use the finger, together with a little water, and that brush and powder will wear out the enamel. After relieving the aching tooth impress upon the patient in strong English language the necessity of the use of good powder and brush in order to keep the teeth free from tarter. Never work on dirty teeth,—first put the mouth in a healthy condition, then you can make a perfect examination and also do first-class work.

Here comes another patient from a first-class operator, you examine the teeth and you find a clean mouth and beautiful work, this patient has been taught to take care of the teeth. Some one tooth is a little troublesome. What is the cause? It may be at the time the tooth was filled the pulp was not in a normal condition, and fifty other causes an operator cannot always foresee. "Perhaps the dentist who did this work was very rough with his operating;" perhaps "his prices were very high," which is a first-class fault; perhaps the patient owes the dentist she left to come to you, a bill of one or two years, standing, and this is why the dentist is so rough. Now then, you have a chance to show yourself a man. Do not condemn this work and try to get a new patient in this way, but on the contrary speak well of the work done if you can, and if it is not the fault of the dentist that this tooth is giving trouble send them back to him, for you will have to charge to do this work over. If she will not go, do the work the very best you can and charge enough. All work must bear a price in proportion to the skill, taste, time, and risk attending the operation.

Never speak ill of anyone to your patients,—if you cannot say a good word keep your mouth closed. Talk as little to your patient as possi-

ble, at the same time be kind, gentlemanly, and dignified, and your deportment will command respect.

Be very particular to have your face, hands, towels, napkins, rubberdam, instruments, office coats, hand-glass, and mouth-mirror clean. Avoid a display of instruments, but when you do have any in sight see that they are clean. If the water you have for patients to rinse the mouth with is like our Schuylkill water, filter it. It will not take up any of your time to set the filter going.

In diagnosing a case satisfy yourself perfectly what is to be done, then go ahead, do not allow pain or tears to interfere with your doing thorough work. Always try to please the patient, "but have your own way." Always charge enough. If a patient is poor do as much as you can for them for nothing.

Hoping the suggestions made will meet with your approval.

I remain respectfully,

PHILADELPHIA, PA.

W. R. M.

### EDITORIAL.

#### EXERCISE AND REST.

We live,—that is we breathe, we drink, we eat, we sleep. Such truly is the story of life. Whatever else may be included in its circle these simple acts we do. Indeed they must be done, that the more may be performed. To cease from them is to allow a complete manifestation of the principle of life,—death. To interfere with their natural and regular performance is to produce the result of partial derangement,—disease. The love of life is so inborn, as the first law of every man's nature, that death, so far as possible is avoided; and none with rational mind will knowingly court disease. No, none knowingly,—but the conviction is daily forced upon us that many in the ranks of dentistry, from the very nature of the profession, perhaps unknowingly—yet certainly are laying the foundations for future physical trouble. To such comes the warning, "these ought ye to have done, and not to leave the other undone."

Every dentist should take an *active* interest in preserving his bodily and mental health by a lively attention to the matter of exercise. What does this breathing, drinking, eating, and sleeping mean if it does not mean nutrition? But the full results of nutrition—a perfect state of health—implies that every organ has its due share of exercise. When this is deficient nutrition proportionately suffers, organs

lessen in size, and the whole system more or less degenerates. When excessive, nutrition is abnormal, and in many instances ill health is as surely the sequence.

So various is the sense in which the word "exercise" is commonly employed, that its meaning has become limited to expressing only action of the voluntary muscles, and the effect which such action has upon other organs, and especially the heart, is apt to be forgotten. Muscular exercise by acting on the circulation gives "increase of heat, more frequent pulse, fuller respiration, and increased secretion." In every organ the circulation is more rapid, therefore repair is actively carried on and waste material at once removed. Growth follows the nutrition produced by healthful exercise, and the increase of lung capacity and soundness of heart tissue thus produced, secure a free blood supply for the system with all the benefits following therefrom in the improved health of the body. Such is a comprehensive view of the benefits and necessity of proper moderate exercise which each dentist needs to keep in view when he takes what he is pleased to call his "daily exercise." Let us propound the question to each of our readers, and let him pause, reflect, and conscientiously answer it. Does you "daily exercise" call forth the energies of all the largest groups of muscles, and of the many organs?" We fear that not many can answer in the affirmative, although this is what it should include to be the best tonic to promote nutrition. Your daily walk in the open air, upon which you pride yourself as the all sufficient, never to be omitted, will not do it; nor will any of the partial and disconnected forms, with which you rest satisfied, produce the highest results.

Exercise needs like the breathing, drinking, eating and sleeping of our daily life to be fully systemic in nature, and regularly performed. Give it a place therefore on the programme of daily routine duties, and the attention it deserves. Devote fifteen minutes every morning upon rising, when the body is free and unconstrained, to appropriate calisthenics. Round shoulders, narrow chests, pale skins, poor digestion, flabby muscles, sluggish circulation, etc., will then have a hard battle to place their stamps upon the dental practitioner. Include anything else you please under the heat of "daily exercise," but let what is here suggested be the foundation. We are well aware that in proportion as this aspect of physical exercise is not appreciated, will our brethren start and make assertions of lack of time for it, or of the inconvenience of such "daily exercise," but a moment's reflection, however, will prove that it requires less loss of time and is less inconvenient than a three month's sickness.

How much better it is to *make* health than to *restore* it can with but little difficulty be appreciated.

Before dismissing the subject we desire to present a thought or two on mental power and mental exercise. Mental power is dependent for its manifestation upon physical power. So true is this that it has been placed on record by the best intellects, that, "if amongst those who lead sedentary lives, physical power could be doubled, their mental power could be doubled also. The health and constitutional vigor of a people is a blessing not to be lost—certainly not to be regained—in a day. Not only do bodily fragility and incapacity of endurance diminish the available powers of the intellect, but the perpetual presence of pain, the depressing sensations of diseases, not acute, tend to impair the efficient impulses of virtue and to undermine the foundations of moral character. Gradually and imperceptibly a race may physically deteriorate until their bodies shall degenerate into places, which, without being wholly untenantable, are still wholly unfit to keep a soul in."

If one desires to possess good judgment, coupled with quickness and readiness of intellect, his own experience and observation must furnish him with plenty of evidence to attest the fact that such conditions can only be obtained by constant exercise of the mental faculties. As it is with all other portions of the bodily instrument, by which man is enabled to give expressions of himself, so is it with the brain. His fingers become nimble, and his voice becomes cultivated through the exercise he gives them; and all first uses of any organ are clumsy and awkward for the degree of perfection comes with the degree of exercise.

The study of exercise is appropriately conducted in connection with that of rest, for indeed the one includes the other, as rest also promotes nutrition, though in a somewhat different way from exercise—by diminishing the waste.

It is because of this association that we refer here to rest at all, as it is our firm belief that proper exercise of body and mind is more often neglected than is proper rest. In the matter of appropriate rest perhaps the dentist errs most in reference to the eyes. Of all organs he uses them the most, and from constant use may come abuse. He of all others needs to give them all the protection possible, especially during the hours in which artificial lights are in use. To ask the eyes, which have borne the strain of the daily work at the chair, to perform for him their function in the laboratory at night, can in time have, even with the best of care, but one result—defective vision. This has often occurred to us as one of the reasons for the

operative dentist in full active practice delegating mechanical work to the specialist.

Were it appropriate at this time we should do more than indicate rest for the eyes. May the suggestion, as well as those on exercise prove the seeds from which may grow and ripen a rich and overflowing harvest to be gathered in due time by those by whom they are received.

L. A. F.

#### CAN SUCH THINGS BE?

We publish in this issue as part of the proceedings of the Odontographic Society of Pennsylvania a report of a very interesting nature and of vital importance to every practitioner of dentistry in the State of Pennsylvania. It is quite different in style from those which usually find their way before the public, and presents a phase of a not very flattering nature to what is everywhere regarded as a controlling body in dentistry. We have always believed it to be impossible for a body so representative in its composition as the Pennsylvania State Dental Society, to conduct any business in any other way than by formal methods. That it should be possible to depart so far, as the report intimates, from the adopted Constitution and By-laws seems strange. Such evils are not usually born in a moment but are rather of a slow and insidious growth. To become so prominently manifested in that which is the fruit, the germs of the disease must exist in all portions of the tree itself. Can it be possible that the individual members and delegates themselves permitted it here because they were accustomed to doing business in the same manner in their home societies, which they represented? As the astonishing information comes through a reputable channel we trust that explanations may be forth coming,

A correspondent informs us of a peculiar accident which happened to a lady patient while sitting for a dental operation. The dentist used a dental engine drill to wedge apart the incisor teeth. The drill slipped from its position and fell into the fauces, and was swallowed. The instrument gave considerable pain for a day or two, and in the natural order of things was thrown off without any further bad result. Do any of our readers know of a similar case?

A Berlin doctor is reported to have been fined for not keeping himself posted on modern methods of practice.

The Franklin Institute is publishing the reports of judges at the Electrical Exhibition as supplements to the Institute Journal, and they make that periodical one of special interest at this time. The March number just issued contains, besides a number of interesting articles on general subjects, reports of judges in three groups of electrical apparatus. There is very little of comment or criticism in the reports of the judges. They are confined for the most part to simple descriptions (some of them illustrated) of the apparatus submitted to them. The report on electrical dental apparatus is an exception to this rule, and is of direct value, because it institutes comparisons and gives the price of motors, together with a statement of their efficiency, so that the reader, if disposed to purchase one, can use his judgment, based upon their report, as to their comparative value to him. It is, of course, a delicate matter to make reports in this way, but if the work is conscientiously and well done their practical value is greatly increased.—Public Ledger.

#### DENTAL SOCIETIES.

#### Philadelphia Dental College.

The twenty-second annual commencement of the Philadelphia Dental College was held at the American Academy of Music, Philadelphia, on Saturday, Feb. 28th, 1885, at 8 o'clock.

The address to the graduates was delivered by S. B. Howell, M.D., D.D.S., and the valedictory address by W. R. Mail, D.D.S.

The number of the students of the session was one hundred and twenty-nine.

The degree of D.D.S. was conferred on the following graduates by Hon. James Pollock, president of the board of trustees:

George H. Adair, New York; A. S. Bailey, Massachusetts; William Baylor, New York; N. S.Borneman, Pennsylvania; E. H. Buckland, Massachusetts; C. J.Cameron, Pennsylvania; L. A. Carter, Australia; J. E. Cartland, North Carolina; Wm. G. Chase, Delaware; Ernest Cohen, Germany; Geo. Eadie, Canada; Geo F. English, New Jersey; Mary E. Fetherolf, Pennsylvania; H. A. Fynn, New York; I. A. Goldsmith, South Carolina; Harry P. Griffith, Pennsylvania; W. B. Griswold, Connecticut; H. J. Harwood, France; F. L. Henry, Ontario, C. W.; B. E. Hoover, Pennsylvania; W. B. Griswold, Connecticut; Pennsylvania; M. B. Griswold, Connecticut; Pennsylvania; W. B. Griswold, Connecticut; Pennsylvania; M. B. Griswold, P

sylvania; Robert S. Ivy, England; A. W. Jamison, Pennsylvania; Victor P. Janin, France; Myron D. Jewell, New York; Samuel H. Johns, Delaware; R. Frank Jones, New York; Aug. D. Josselyn. Maine; L. F. Kellogg, Iowa; H. G. Lawson, Canada; Martin H. Lutz, Pennsylvania; E. R. Magnus, Connecticut; Wm. T. Mahon, Pennsylvania; W. R. Mail, Indiana; A. S. Melvin, Jr., Illinois; C. R. Moulton, California; Bruno A. Nernst, Germany; Robert H. Nones, Pennsylvania; Frank D. Norton, New York; Geo. D., O'Neil, Australia; John F. O'Neill, Iowa; A. J. Parker, Masschusetts; M. F. Parmley, Iowa; Chas. M. Porter, Pennsylvania; Edw. W. Pratt, Connecticut; Jas. J. Ryan, Massachusetts; A. H. Schildt, Wisconsin; F. C. R, Scott, France; Wm. S. Sherman, Rhode Island; Frank M. Swain, Illinois; Louis Teichmann, Germany; E. W. Thompson, New York; Chas. P. Tuttle, New Jersey; R. F. Verrinder, M. D., California; Hugh Walker, Canada; Frank W. Wolf, Illinois; Hiram M. Wolf, Illinois; Morris Zeadler, Russia.

#### BALTIMORE COLLEGE OF DENTAL SURGERY.

The forty-sixth annual commencement of the Baltimore College of Dental Surgery was held at the Academy of Music, Baltimore, on Thursday, March 5th, 1885, at 1 P.M.

The annual oration was delivered by Hon. Wm. L. Wilson, and the class valedictory by Frank K. White, D.D.S.

The number of matriculates for the session was seventy-nine.

The announcement of the graduates was made by Prof. R. B. Winder, dean, and the degree of D.D.S. was conferred on the following:

Eugene F. Adair, Georgia; H. Clay Anders, Maryland; John M. Anderson, Virginia; J. A: Breland, South Carolina; G. P. Chaponis, France; Thos. L. Cobb, Alabama; Ola B. Comfort, Pennsylvania; E. E. Early, Maryland: C. H. Gatewood, Virginia; H. H. Hafer, Georgia; J. E. Hancock, North Carolina; M. Parke Harris, California; L. Hedrick, California; Samuel H. Jones, New York; J. C. Morgan, Kentucky; Herbert Phillips, Massachusetts; C. G. Richardson, South Carolina; Phineas A. Sherman, Massachusetts; G. Marshall Smith, Maryland; W. B. Sprinkle, Virginia; J. M. Staire, Pennsylvania; Claude A. St. Amand, South Carolina; N. A. Strait, District of Columbia; R. E. Sunderlin, New York; J. H. Swartz, Pennsylvania; George S. Todd, Maryland; R. C. Warfield, Maryland; F. K. White, Maryland.

#### Pennsylvania College of Dental Surgery.

The twenty-ninth annual commencement of the Pennsylvania College of Dental Surgery was held at the American Academy of Music, Philadelphia, on Thursday, February 26th, 1885, at 12 o'clock.

The address to the graduates was delivered by Henry Leffmann, M.D., D.D.S., and the valedictory address by C. Osborne Tupper, A.B., D.D.S.

The number of matriculates for the session was one hundred and thirty-six.

The degree of D.D.S. was conferred on the following graduates by the president of the board of trustees:

I. H. F. Albrecht, Germany; Deogracias Ascencio, United States of Columbia, S. A.; Thomas J. Barrett, Massachusetts; J. Irwin Bayles, New Jersey; L. N. Bedford, Iowa; Franz Binotsch, Germany; William Blanc, New Jersey; Librado Borja, Mexico; Carlos Bonilla, Nicaragua, C. A.; J. von Bremen, Germany; Fred. H. Brown, New Hampshire; Frank P. Cobourn, Pennsylvania; William B. Connor, Ohio; Frank G. Cooper, Pennsylvania; A. J. Culbertson, Pennsylvania; S. B. Detweiler, Pennsylvania; Carlton L. Dobbins, New Jersey; James M. Easton, Pennsylvania; Herbert H. Emley, New Jersey; Edward A. Ferbach, Germany; Frank R. Fisk, Minnesota; Henry J. Fisk, Connecticut; Elmer E. Fleming, Pennsylvania; J. Glen Fling, Pennsylvania; Oscar Gerdtzen, Chili, S. A.; Rudolph Gilgenberg, Germany; Paul L. Gibson, New York; Leon Goble, New Jersey; Paul Guye, Switzerland; Chas. F. Hager, Pennsylvania; E. C. Honeywell, Pennsylvania; Mason P. Harvey, Maine; Townsend H. Jacobs, Minnesota; J. Stewart Jackson, New York; F. H. Kendrick, Massachusetts; Rich. Knobelsdorff, Germany; Paul Karrar, Switzerland; Alfred H. Little, New York; Oliver 'P. Lund, Pennsylvania; Richard Longe, Germany; P. E. Loder, M. D., Pennsylvania; Roscoe Murphy, New Jersey; A. H. Macpherson, New Jersey; John A. McClellan, Ohio; Ferd. E. Mueller, Germany; E. M. S. McKee, Pennsylvania; Rush J. McHenry, Pennsylvania; W. D. McKissick, Pennsylvania; George C. Moore, Pennsylvania; Samuel E. Marshall, Delaware; Herman Reamer, Pennsylvania; Delfin F. Restrepo, United States of Columbia, S.A.; David S. Reed, Pennsylvania; Anna B. Ramsay, Pennsylvania; Albert Rentzing, Germany; William F. Ravel, France; Marvin L. Rowe, Canada; Alfred Steiger, Switzerland; William S. Sullivan,

Wisconsin; George H. Swift, Vermont; E. A. Shulenberger, Pennsylvania; Edgar W. Swift, Maryland; Michael Jos. Spahn, Germany; Wilhelm Seltzer, Germany; David P. Tait, Pennsylvania; C. O. Tupper, A.B., Canada; Charles E. Walrad, New York; Henry Weston, Pennsylvania; Frank W. Williams, Massachusetts.

#### University of Iowa—Dental Department.

The third annual commencement of the Dental Department of the State University of Iowa was held in the Opera House, Iowa City, Iowa, on Monday, March 2d, 1885.

The annual address was delivered by the Hon. John T. Stoneman, of Cedar Rapids, and the class valedictory by Emory L. Brooks, D.D.S.

The announcement of graduates was made by L. C. Ingersoll, A.M., D.D.S., dean, and the degree of D.D.S. was conferred on the following:

Emory L. Brooks, Iowa; Henry Clemens, Iowa; H. M. Dalzell, Iowa; L. K. Fullerton, Iowa; C. E. Fisher, Iowa; H. A. Harlan, Iowa; John P. Hunt, Iowa; J. C. Holland, M. D., Iowa; J. C. Mitten, Iowa; H. M. McAlister, Iowa; J. A. Ross, Iowa; F. H. Rule, Iowa; H. H. Smith, Iowa; J. L. Small, Iowa; C. G. Thomas, Iowa; S. R. Wagoner, Montana.

#### Alumni Association of the Philadelphia Dental College.

At the twenty-second annual meeting of this association, which was held March 10th, 1885, the following officers were elected:

President, Dr. M. H. Cryer; 1st Vice-President, Dr. Saml. E. Haines; 2d Vice-President, Dr. James McManus; 3d Vice-President, Dr. Robt. S. Ivy; Secretary, Dr. Alonzo Boice; Treasurer, Dr. Jos. R. C. Ward; Executive Committee, Dr. Thos. C. Stellwagen, Dr. L. Ashley Faught, Dr. Chas. E. Pike.

After adjournment the members participated in an enthusiastic discussion of the Annual Banquet, in which each individual evinced such a lively interest, and seemed so loath to "give it up," that morning was close at hand when the subject was dismissed. The

absent brothers were by no means forgotten, and everywhere the wish was expressed that these annual home-comings might receive more consideration by the alumni.

It is to be regretted that a larger number of the alumni have not connected themselves with this active association, and that the annual meetings are not better attended.

It is the intention of the Executive Committe, during the coming year, to communicate with every graduate of the Philadelphia Dental College, now practicing in the United States, with a view to securing their membership. and, if possible, their attendance at the next annual meeting. Such steps will be taken as are necessary to make the next reunion an occasion of unusual interest, and we hope the efforts of the committee will meet with the hearty co-operation of every graduate of the college.

#### Illinois State Dental Society.

The twenty-first annual meeting of the Illinois State Dental Society will be held at Peoria, Illinois, commencing Tuesday, May 12th, 1885, and continuing four days.

The State Board of Dental Examiners will be at the National Hotel at 10 A.M. Monday, May 11th, at which time candidates for examination must present themselves punctually.

The examinations will occupy until Thursday, May 14th.

J. W. Wassall, Secretary,
103 State Street,
Chicago, Ill.

#### Northwestern Dental Association.

The third annual session of the Northwestern Dental Association will be held at Fargo, Dak., Thursday and Friday, July 30th, and 31st, 1885.

It is expected to make the sessions both attractive and profitable by papers and clinics.

Executive Committee, { L. C. DAVENPORT, H. L. STARLING, H. S. SOWLES.

#### NEBRASKA STATE DENTAL SOCIETY.

The ninth annual meeting of the Nebraska State Dental Society will meet at Lincoln, Tuesday, May 12th, 1885, and continue in session three days.

W. F. ROSEMAN, Fremont, Neb.

### BOOKS AND PAMPHLETS.

ZAHNARZTLICHER ALMANACK, 1885. ADOLF PETERMANN, Editor, Frankfurt-on-Main.

The sixth annual copy of this interesting publication is at hand. It contains important statistics relative to the dental profession in Germany, and is a neatly bound volume of 163 pages. The present issue presents fine steel engravings of Dr. Wm. Suersen and Wm. Herbst. Among other valuable material in it is, a register of German dentists and their addresses, a record of the names of those who have died, and a list of the towns, the number of their inhabitants, together with the names of the dentists practicing in them. It is very welcome, and may its publication be continued.

Babyhood. Leroy M. Yale, M.D., and Marion Harland, Editors.

This is a monthly journal devoted exclusively to the care of infants and young children, and the general interests of the nursery. It states as the purpose of its being the aim "to become a medium for the dissemination among parents of the best thought of the times on all subjects connected with the needs of early childhood." If it but reaches this approximatively it will prove a blessing to young mothers, who hitherto have been compelled to depend for all necessary information on the monthly nurse or the grandmother, whose teachings are entirely antedated. We wish it a cordial reception and the support it deserves.

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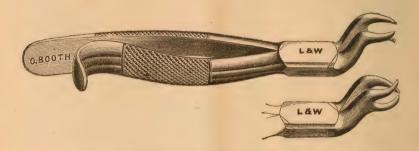
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This paste is free from objectionable odors, will not SPOIL or DRY if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never alters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a number of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure-all," but one that will GENERALLY be amply sufficient for the permanent or temporary dressing of canals, and for capping pulps, etc. A circular, containing explanations and directions, accompanies each box.

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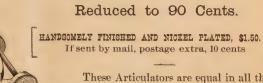
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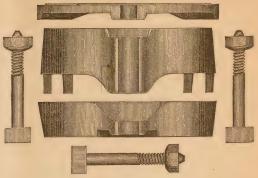
Fore.—The above Rubbers and Gutta Perch's will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Dental Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

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### 1885

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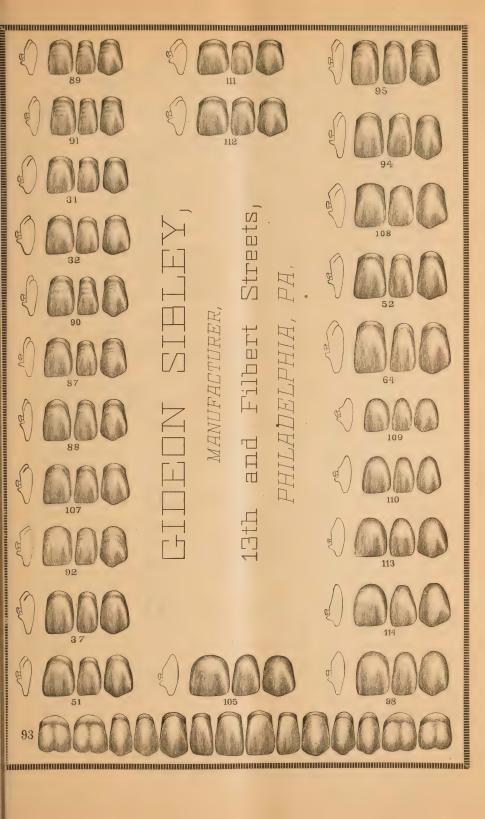
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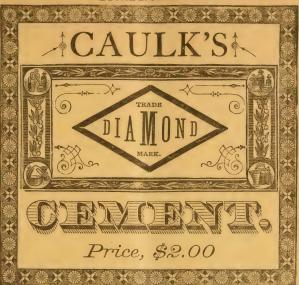
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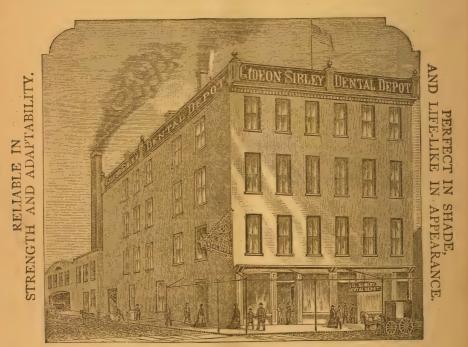
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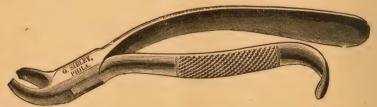
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A MONTHLY JOURNAL OF DENTAL SCIENCE.

VOL. III.

PHILADELPHIA, MAY, 1885.

No. 5.

### SYMTOMATIC PATHOLOGY OF THE MOUTH.

ELTON R. SMILIE, M. D., SAN FRANCISCO, CAL.

From the earliest transmitted records of the curative art, the mouth, has been, with its adjuncts, consulted for reflex evidences to determine in the mind of the remedial practitioner the nature and location of disease; as the rehearsal of patients' impressions would naturally attract his attention to its indications, and from experience the observing student must have appreciated the reactive value of its symptoms. The receptive mouth with all the elementary distinctions of taste for tissue co-operative representation, would not be perfect for organic reciprocation in the expression of desire in the selection of food and gustatory satisfaction in digestive disposal, without a special reactive communication through which to signal ill effects. The possession of this power, which observation had established as a reality, was gradually developed into more extended knowledge of individual organic demonstration, when anatomy opened to view physiological effects from the combination in action of systematic parts. Over these functional reciprocations of want, supply, and effect, necessary for healthy sustenance, the will-or with cultivation, the mind-as commissary held control. But as the attractions of association became disseminated, drawing together individuals subject to varied climate and engendered habit influences, their adverse adoption, without consideration of cause and effect, led naturally to the multiplication of disease and confusion in the blending of mouth indications characteristic of organic impression and complications. In primitive simplicity the animal desires held ruling sway, and by appetite and passion, wrought through the prima via and genito urinal glandular connection, direct symptoms in reaction; but now with the multiplied complications of disease, there are in sequence interruptions and accessions in transmission that render a reliable systematic diagnosis difficult. But the inordinate use of the procreative organs has produced a retrograde action, so marked, that venereal and cancerous diseases, are, by metastasis often transfered to the mouth, as if in direct reproof for exampled correction of deleterious habits. Although, there are variations in the virulence and translated seat of attack, the inner periosteum of the mucous membrane attachment is usually the seat, and if there is a defective tooth its alveolar process becomes the central point of invasion, and by necrosed gangrene the sockets are quickly destroyed and its roots dislodged.

But, if in anticipation, the characteristics of the disease have been diagnosed correctly, with the first appearance of the fungoid and liver-hued protrusion of the gum attachment, the tooth should be extracted and sloughing caustics applied to the depths of its sockets and to the adjoining parts beyond the evidences of diseased action. If the osteo-sarcomatous cancer by translation, once gains full headway in its attack upon the superior maxillary bones it is hard to arrest, and as it by gangrenous action disintegrates the bony structure it is generally slower in progress than the venereal disease which by destroying the cartilaginous union of the bones, detaches them without injuring the integrity of their structure. That the diseases had a common origin is sufficiently clear from similar peculiarities developed in progress, the cause of deviation being rationally accounted for from hereditary and contingent impressions.

There are families with ancestral pedigrees which have been noted for simplicity in dietetic and other habits that insure freedom from the malignant fungoid diathesis, and we can reasonably suppose that there was a period in the offshoot colonization of races, in which self-supporting labor insured immunity from the taint; or if incurred before separation, the natural means for rehabitation from the excesses which have always followed as a sequence of overpopulous association. From the colonistic regenerations it is difficult to detect the exact date which was noted for the inception of a new disease and the immediate causes that contributed to its development. Even at the present time, with the multiplicity of means and trained minds for tracing cause in contributing degrees to effect, contagious and epidemic diseases appear and for periods more or less protracted hold destructive sway, and although a large quantity of ink is expended in conjectural investigation, their period-

icity is not deterred or destructiveness mitigated; and future generations will be as little benefited by the sage conclusions of the writers, as we are by those who discoursed upon the origin and cause of the Egyptian plague and advent of cancerous degeneration with its remote source from or alliance with venereal contagion. Yet, the critical reading of all that is judiciously written is an incentive to thorough comparison, and serves by training the mind for analytical investigation, to prepare it for a legitimate course of research.

Of four hundred and seventeen tumors and deep seated excrescences suppurated out with escharotics, nine were of the osteosarcomatous type, with the periosteum of the jaws, palate and other adjunct bones implicated as the attractive cause of secondary translation from irritation of the gravid uterus promoted from indigestible substances taken into the stomach to gratify the cravings of a morbid appetite. With an ordinary endowment of reason and fear of pollution, one would naturally suppose that in anticipation of verereal and cancerous inflictions, the sensuous appetite would be held under restraint, for they are by far, the most disgusting and loathsome of human maladies; as the victims are forced to realize, living, the horrors of the tombs, post-mortem decomposition, and endure, not only the involuntary aversion of their associates of the human species, but of the lower orders of domestic animals, and above all their own existence. Nothwithstanding physicians had noted that the aching of defective and sound teeth was caused by metastatic translation during the period of utero-gestation, from some inherent source of irritation peculiar to the habits or condition of the individual affected, they gave no more heed for the detection of source or in search of the tissue of transfer than the sectarian religious devotee does to the rationale of viaticum ceremonies as passports of reality to places of future soul existence, rated theologically as intensely happy or miserable. Over-feeding and rich diet, were known to produce gout and a deposit of earthy salts in the joints of the ankles and toes, in connection with renal and urinal formations, in kind, agglutinated or phosphated together to obstruct the ducts and vasa valves of excretion, by the earliest medical writers. Yet, to the present day the drain passages by the feet, whether deep seated lymphatic ducts or glandular tissue of syphon gravitation operated upon by peristaltic ejective contraction with sphincter regulators, remains a question of doubt. Although unrecognized, still, that there is an important drain existing for conducting effete matter through or from the excretions of the lower extremities terminating for discharge from the plantar surface and between the

toes, the merest tyro in medical science must acknowledge with the exercise of his powers of experimental observation. That it is separate from the external or superficial lymphatic system is evident from the peculiar reactive effects produced when the septic matter is retained from their closure; local pains, and disease with varicose veins indicating the passive resistance of gravitation or valvular hindrance to active re-absorption for the implication of the vital The anatomical funnel-form taper of the leg from the thigh to the knee, and calf to the ankle, shows a constructive design in furtherance of the drainage system; and at the same time presents the natural probabilities of a provision to guard against reflux action; and the diseases, and their position and sequent stages of development in foot and ankle with their slow upward progress, confirms to a degree of certainty not only the existence of valves but the power necessary for their operation. The movements of the leg in locomotion from muscular expansion and contraction, with their peculiar leverage attachments, naturally pre-supposes the ejective requirements of compression in the alternations of extension and relaxation. which from circumscribed peculiarities of the dependent limbs would react upon the tubular vessels for the conveyance of fluids, that did not possess the ringed protection of the arteries, which of themselves derive their systolic action from the heart. These combined actions imply for healthy support a certain degree of voluntary motion, and when deprived of it, from torpidity superinduced by stomach engorgement of over-distention, or by indigestible food, as an inevitable consequence stagnation ensues, and in the unrelieved vessels effete deposits more or less pernicious and difficult to be removed by the resumption of healthy diet and exercise. If the contra-indications are persisted in to an accumulative extent, that precludes relief from the power of physical reaction promoted by the resumption of healthy requirements, by slow degrees local septic impression forces the natural barriers and from the accretion of disorganization reaches within the scope subject to more direct vital absorption. stage the glands of the mouth and throat with the mucous membrane show reactive signs of participation symtomatic of the nature of the disease. Although previously sufficiently marked for the detection by the experienced eye, the pathognomonic symptoms in revulsion give plain expression to the nature of the disease and organs affected in transition. The evidences of these forced retrograde operations of absorptive transfusion, are upon studied investigation easily traced, and established in the mind of nature's student as matters of fact, readily demonstrated to the senses. The wonder is.

that even in negligence of omission, the adjuncts in the drainage of the feet should have remained so long unregarded in their importance upon the health of the general system as to be left to the thoughtless cleavage clippings of the "corn doctor."

In verification of the existence and fact importance of the sewerage drainage of the lower extremities vs. theory, we have only to consult the habits and dietetics of the class who suffer from diseases peculiar to them, and in co-existant relation their symptomatic and transfered effects upon other organs and tissues. The podagra aberrans will illustrate in the flight of pain the parts implicated, which from characteristic effects directly indicate the cause of disease, and means to be adopted for the restoration of healthy action; and though the symptomatic wanderings can be traced the organs, ducts, and tissues surcharged in retention of matter to distentious inertia, which suspends the power of reciprocation in functional duty, and by over-taxing a class with vicarious action weakens the sequent correspondence necessary for the development and retention of health from equalized labor. The phlegmasia dolens of the ankle and lower leg, usually affecting women of middle and old age, with passive habits accustomed to a standing position with limited routine movements affording insufficient limb and general exercise for effective drainage, is another form of disease which becomes transferable from septic absorption. The primary characteristic symptoms indicate clearly the cause; and in the stage progress of the disease. from turgescence to dropsical ulceration, and its pari passu or sequent symptomatic varicose veins, can be traced the retention and presence of vitiated matter, that becomes for varying periods local. from its disorganizing effect upon the radiating vessels for venous distribution, which renders them powerless, in an increasing degree, to overcome the pressure of gravitation, that opposes the systole reaction of the heart and arteries upon the veins for the return current to its source of re-oxygenation. All of the diseases of the extremities in their acute inception, and until chronicism determines the nature, seat, and extent of the parts involved, reflect back to the mouth only symptomatic impressions without distinguishing features to determine more than that blood deterioration from resulting absorption of veins, introduced or generated from the retention of morbid matter, is the source of irritation. But, when in reaction the septic poison reaches in accumulative process a vital organ, as the heart or lungs, with sufficient force to inoculate their tissues beyond the power of self-recuperation, in their special vocation of re-oxygenation, the valvular system of the fauces becomes

affected from defective reaction of the blood, from the former's impaired action; and if the pulmonary system is the direct seat of the decomposing taint, the passages to and from the mouth become the drains of excretion. Even, the brain so essential to all the voluntary emotions of will dictation,—in secondary degree a dependant vital organ,—conveys its physical impressions of condition in confused symptomatic reflection through the avenues of the senses, to the adjuncts of the mouth, rather than by direct tissue influence; and can sustain for varying periods, hardening, softening and actual suppuration of one or more of its constituent parts without making its stage degrees of diseased progress distinctively manifest. although there are undoubtedly distinct evidences of reaction upon the mouth tissues, giving special indication of location and variations of disease, they have become so complicated from hereditary transmissions and malformations, that the impressions of organic and functional disturbances are so faintly shadowed that conjecture must enter largely into a diagnosis predicated entirely upon their symptomatic mouth demonstrations. In gout, when the gravitation drain has become obstructed to the knee, involving the passages and tissues of the joint, causing the absoption of the bursa mucosæ, oppression of the heart's action speedily follows from engorgement and loss of ventricular contractile power, the first effects in the series which foreshadow sudden death.

At this stage, the derangement of the valvular condition of the fauces becomes in a marked degree conspicuous, showing the intimate relation of their dependency, for integrity and promptness of action, upon the tonicity of the lungs and heart for the necessary elaboration and distribution of the blood. Phlegmasia dolens, in contradistinction to gout, has not an hereditary claim in transmission to either abundance or richness of diet as a latent cause of pre-disposition, but is rather an heir-loom inheritance of poverty and impoverished blood with entailed labor beyond the healthy powers of endurance.

The former disease having its origin in the generation of a specific obstruction, in generality begot of torpidity from engorgement or over-distension of the digestive, chyliferous and blood distributing vessels, and in cases of aggravation to peculiarities in food constituents or method of preparation. As in war, the rank and file of poverty are the common food of epidemics and diseases, self-generated from insufficient nutriment and laborious habits of exposure; while the rich in their exemption from necessity, create for themselves a class of obstructive diseases, that makes a bare compet-

ence gained with prudent discretion the reasonable allotment for the majority in life as a guard against the temptation to indulgence; but unfortunately the poor consider labor the curse of their condition and cultivate habits which render them slaves to their passions, and subject tools—with the snarling protest of self-imposed imbecility—to the controlling power held by the possessors of riches.

With these leading observations upon diseases subject to actual transfer, and those which are in fact only translated through septic taint forced to react upon the system from the obstruction of natural drains, which in free functional duty have hitherto passed unnoticed and unrevealed, other than by the general terms of lymphatic vessels, it will be apparent that the mouth as the speaking centre of the adjunct senses, and symtomatic indicator of the entire organization, enacts directly and indirectly a very important part in fulfiling the conservative duties of commissary guardian, under brain control, for the selection and preparation of nutriment best adapted for the support of the animal economy in a healthy condition. It will also be equally clear to the educated perception, that the teeth of themselves, hold the same relation to the individual possessor that the millstones of the mill perform for the community at large; and can be substituted with artificial without serious detriment to the organic functions of the body. This, however, may be accounted an additional proof,—in negative operation—of man's superiority over the lower orders of animal life, who have neither the perfection of mouth adaptibility, or necessity, when free from human control, for artificial dentures; while at best the dentist only performs the service of a millright, and is no more worthy of a title for professional distinction, unless he makes the relations of the mouth with the rest of the system his study, and is able to take rational cognizance of its symtomatic phases of disease both direct and in reversion.

The method adopted by Miss ———, a practitioner of dentistry in a prominent Russian city, for the eradication of an osteo-sarcomic tumor, and treatment of the diseased bone, will illustrate the importance of a full understanding of the anatomical, physiological, and pathological relations that exist between the mouth and the rest of the system. The essentials of her relation will attest to her natural and acquired ability, as well as to the delicacy and refinement of her disposition while enacting her part in a profession repugnant to the inborn instincts of woman; the adoption of her narrative style, exultant in success, should not detract from its interest. Although addressed in personal confidence to the writer, its publication, from the important bearing it exhibits in extension from the simple me-

chanical treatment of the teeth will serve as a plea for his exculpation from a course which might otherwise be rated as a breach of trust.

--\* \* \* \* --, Io triumphe! Permit me, my dear --, the privilege of using this excellent expression of joy on mutual account for a success which I hope you will think merited from the course I adopted to attain it; and pardon narrative prolixity, for in terse medical phrase I could not do justice to, or express my admiration for the rare qualities of mind possessed by my patient. But, alas! that misled and misused she should feel anxious that the bitter experience of her life shall prove a warning to others; and it is with her permission and expressed wish, that with opportunity, I should make known and in no way extenuate the causes of her disease; for the distinction she has gained by her talents, wit and generosity, will prove more attractive for acquirement than the fear of her penalties will deter from a like course. Even with her proviso request, that I would only use her wayward name known to the public, curiosity will, if disposed, soon ferret out her real history and blazon it to the world with the insinuation of motives foreign to the natural instincts of her nature. Then I urged that silence with regard to name was the better policy of the medical attendant, she acknowledged a piquant curiosity to learn the very result I judged would prove so repugnant to the sensitive nature of a modest woman. But, probably, noting the shadow of disappointment that I could not repress from the expression of my face, she urged that otherwise the intelligent, whose good opinion she fondly cherished, might think she still lacked the discretion of refined delicacy that would be the natural proof that she possessed innately the qualities of judgment necessary to make the punishment she had received for the transgression of nature's laws useful, from sincerity of intention. To proceed in train; on the 5th of January '81, I received, at my operating rooms, a note from a lady of high rank, well-known to me from her reputation of being the most courtly and wittiest woman of the day in Europe, desiring a a professional appointment for the evening. I was about to answer that gaslight was not suited for dental operations when it occurred to me that she was undoubtedly well acquainted with all the usages and mechanical requirements of the art, and probably had some other motive in view for the engagement. With this timely thought I named an hour most likely to suit her habits, and she was announced prompt to the minute, and for the unfashionable punctuality apologized by saying that it was caused by the selfish anxiety

of fear; but instead of stating its source, and the nature of service required, with seeming Yankee avidity, as if anxious to adapt herself to the national peculiarities of my nativity, she gradually led the conversation, with an inquiring disposition into the bias transplanted from ancestral impressions, and when I stated that my mother's parents were natives of Ireland and my father's of New England she gave me, with a look of surprise, a keen scan of scrutiny. When she had taken an impression of my external miscegenic bearings she drew from me a relation of the habits of my childhood and the method adopted for my education. It was with a feeling tinge of self-depreciation that I acknowledged that my preliminary education was derived solely from parental tuition, and medical and dental from your instruction, yet I could perceive that it rather strengthened than abated the respectful warmth of her attention, and after commendation of my judgment, which she said denoted from its clearness the encouragement of thought from single leading instructive suggestions, instead of the diverse theoretical teachings of the schools. You may be sure, that with all my unworthiness, and the thought that her judgment must be partial, even with the interested motives that prompted her to test my natural and acquired ability, I felt flattered with the evident favorable impression I was making, which the cynical wag of your nose will not altogether abate.

To be Continued.

### MIRRORS AND LAMPS FOR THE FOREHEAD.

BY WILLIAM HERBERT ROLLINS, D.D.S., BOSTON, MASS.

I have found a mirror attached to the forehead by a tight elastic band a convenience in working. Many dentists; the writer among the number, work much with the chair tipped back, and depend upon the image reflected from a small mouth mirror. The surface of this mirror being turned from the window frequently does not get enough light to make the cavity as bright as might be wished, and if an attempt is made to reflect light upon its surface, from a mirror placed above and behind the patient, the operator's head frequently prevents this from being efficient, as it comes between and cuts off the light.

By placing a light mirror upon the forehead increased illumination can be obtained, either by throwing the light directly upon the cavity or reflecting it upon the small mouth mirror. A small electric lamp worn in the same position, though somewhat warm, answers well enough for this purpose, where the electricity can be taken from the street, but is entirely out of the question where the force must come from a factory, and beside is rather bright for the patient's eyes.

I think if some of the readers of the PRACTITIONER will try this simple device they will like it. Many fillings fail because the cutting was done in a light which failed to show that the decay was not entirely removed.

### CLINIC ON ORAL SURGERY.

By Professor J. E. Garretson, at the Medico-Chirurgical College.

REPORTED BY ROBERT S. IVY, D.D.S.

CASE I.—The patient, a boy, aged twelve, presented with considerable swelling outside the face, and examination discovered a fistulous opening from an alveolo-dental abscess, formed at the roots of the first lower molar. The boy stated that he had had a tooth extracted twelve months previously, and since that time several small pieces of bone had come away. A probe passed into the fistula revealed a pouch-like sinus extending for three inches in length along the body and ramus of the bone; the inference drawn from this condition was that nature in attempting to granulate the parts, had thrown off the sequestra spoken of by the boy. The bone now appearing healthy the indication was to stimulate the parts to new formation from the bottom of the sinus. With this view, daily injections of tincture of Myrrh and Capsicum (Tinctura Capsici et Myrrhæ') diluted until of a bluish-white color, were prescribed, a tent of cotton being introduced to prevent the orifice closing before the remainder of the sinus. This treatment was continued for three weeks, with marked success; the external swelling being purely sympathetic or symptomatic responded to the same treatment.

CASE II.—Lupus Vulgaris.—The patient, a woman of middle age, stated that a small inflamed spot appeared on the face (on the bridge of her nose), three months previously. On presentation before the class it had assumed the size of a half dollar, and extended over the right side of the face. The primary expression was that of an ulcer the result of a burn, but in addition to the

ordinary phenomena of ulceration, there were present large angry looking patches and giant proliferations suggestive of a graver lesion, and the case was diagnosed as lupus vulgaris, the professor remarking that "this condition and epithelioma are so much alike as to be first cousins, what causes the one will cause the other." Means of permanent cure are radical, involving the cutting out of the parts affected and replacing it with a flap from neighboring healthy tissue. The parts being highly inflamed, an application of the subnitrate of bismuth was made daily for one week, the intention being to reduce the inflammation and operate at the end of that time, but on the patient's return she was so much encouraged with the result, soreness and pain having subsided, that she refused to have the operation performed, consequently the applications were continued. This treatment will temporately arrest the progress of the disease, and at the same time impress on the patient that when an operation is resorted to it is because there is nothing else to be done. The disease is especially characterized by its slow progress, by its eroding nature, and the impossibility of curing it by all ordinary methods of treatment.

Case III.—False Anchylosis of Inferior Maxilla.—The patient complained of stiffness of the lower jaws whenever she took cold, the inconvenience caused being more or less severe in proportion to the severity of the general derangement, the jaws becoming so firmly closed as to prevent anything being introduced between the teeth, the face at such times becoming swollen. Experience at once referred a diagnosis to an unerupted or partially erupted wisdom tooth as the source of trouble, the inference being founded on the fact that eighteen out of every twenty cases of trismus have their origin in dental lesions. Examination of the mouth showed a contracted arch, the teeth being crowded and irregular, and the left lower wisdom tooth jammed back in the angle of the jaw, the second molar preventing its complete eruption; in addition, each tooth was observed to infringe on its neighbor to such an extent as to cause the surrounding membrane to take on a sub-inflammatory condition, ready upon the slightest additional irritation or derangement of the general health of the patient to exhibit the more acute form. The indication under such circumstances was to take away the pressure by removing either the offending tooth or the one immediately anterior, the wisdom tooth being preferred it was extracted and in a few days' time all inflammatory symptoms had subsided, and to a certainty will not recur.

As this case is one of much importance the following quotation on the subject will not be without interest:

\*" Where the condition (half erupted wisdom teeth) exists, it is to be noticed, on looking into the mouth, that only the anterior face of the tooth has fairly erupted, the other two-thirds being overlaid by the integuments of the ramus. You infer that the development is not yet perfected, and consequently it does not even occur to you to associate disease with the parts; but this tooth, only a single cusp of which is through the gum, may have caries extending into its pulp cavity, or may be the seat of most aggravated periodontitis. It is the common expression that wisdom teeth decay early; that they are not a substantial class of teeth. The fact is that four-fifths of these organs which decay so soon have been destroyed by this operculum of gum. The explanation is very evident. The decomposing epithelial scales, and other débris of the mouth, combine in the acidity engendered of their disintegration to corrode the structure of the tooth, thus quickly destroying its integrity. The writer is sure that he has seen more than a thousand cases illustrative of this fact; and if any practitioner will take the trouble to dissect off this fleshy lid—the proper treatment, by the way—and examine with a delicate probe the sulci of such teeth, in nine cases out of twelve he will find caries."

CASE IV.—NEURALGIA.—To say that a patient has neuralgia gives no diagnosis of the lesion, an educated patient will not be satisfied with such a statement, others may though really they are told nothing, the term merely signifying an effect which they are already cognizant of, not a cause. Any organ or part of the body endowed with sensitive nerves may be the seat of neuralgia, consequently the parts most abundantly supplied with this class of nerves are most liable to be affected. "To appreciate the phenomenon of neuralgia is to appreciate relations—is to search over the economy until wherever a lesion exists it is exposed and comprehended." Where pain can be localized, as in the case under notice, it is usually in edentulous mouths and is designated by some as phantom toothache. The patient, on being questioned, stated that she had some teeth extracted some months previously, preparatory to the introduction of an artificial denture, since that time, with short intervals of cessation, she had been troubled with severe pains about the face, commencing at the left side from the places where the teeth were The cause of the trouble was evident, in the operation of removed.

<sup>\*</sup>Garretson's System of Oral Surgery, 4th Edition, p. 846.

extracting some of the nerve radicals had become injured and caught in the osseous tissue or cicatrix resulting in their irritation and consequent inflammation. The mode of relief given was a cut through the soft tissue along the ridge of the side affected down to the bone, thus severing the connections. There is a possibility of the patient returning after such a treatment, as the marks may re-unite and cause renewal of the pain, but this is not likely, the slight operation performed usually proving effectual.

### DENTAL SNOBBERY.

Agassiz, who loved science for the power it possesses of interpreting nature's laws in all of their variations from cause to effect, when questioned with regard to his estimation of the natural and acquired ability of the average professor in our medical colleges. asked if a naturalistic or an opinion of proficiency, in distinction, was required? In answer "to both," he replied with naive simplicity, "Linnæus in classing them with the mammalia would have made the specie designation still more appropriate to the style of men in question, if he had Latinized 'wise in their own conceit,' as a generic sequence to 'sapiens.'' In illustration of the vanity exhibited by the class, he said "he had received a letter from a new fledged professor of the genus, who had doubly underscored, DICTATED, as a postscript, evidently leaving it to my naturalistic judgment to determine whether it was dictated to him as incapable, or he dictated it to a writer more able in composition, with the intention of conveying the impression of professional pre-occupation?" Of the means used to obtain professorships, he said, that, "instead of making use of pen and paper to demonstrate in treatise the extent of their knowledge in the departments they wished to teach, they endeavored to gain the positions by intrigue and pretension, supported by recommendations from persons possessing influence in official and other walks of life, without the slightest reference to the applicant's capability. As the disposition of the average student considers it respectful to keep in the rear of his master, there is but little zest shown for practical scientific attainments, and the college curriculum is ruled by routine. If the public would but consider the essentials required for real improvement, they would become more interested to secure a class of men better qualified to instruct the minds of students to reach beyond prescriptive routine into the realm of independent thought deduction, who would scorn, from the promptings of real talent, to use the currency of subterfuge to obtain positions which would expose to intelligent and well-instructed persons their lack of capacity. During my residence in this country I have had three hundred and twenty-seven applications by letter for the use of my name to aid incompetent persons to obtain professorship in natural history, with no further knowledge of their ability to teach than could be learned from dinner-table conversation, but found it quite sufficient for the demonstration of their incapacity."

These recorded impressions of a man like Agassiz, who required neither prefix or symbolic tail addendas to his name for the title attestation of his extraordinary ability, which was more capable of confering honorary distinction from his scientific attainments, than receiving it from society associations formed of the material he so truthfully depicts, plainly indicates mental degeneration and the presumptious substitution of empty vanity in its stead. As an apt illustration of the text, the index titles F. R. C. S. and M. R. C. S. of England, were once held in estimation as a truthful expression of value from tested merit! But now, like Buchanan's diplomas, they indicate in the scale of degradation the experience of Agassiz, and are made the means, by vain ostentation, for the recovery of the cost of procuration, tacitly offering to the possessor the privilege of exacting exorbitant and extortionate fees from the counterfeit impression they convey that they were conferred as a recognition of tested ability. These advertising ruses, suggested by vanity and an inordinate desire for gain, to sustain a pre-eminence, from the false impression they convey, in default of the essentials of foreign influence have their home substitutes in the form of State Odontological Societies and others of kindred birth intention. A notable example of the working effect of these legalized thumb-screws of extortion, has been furnished by the engineering Moses of the New York Odontological Society, who charged General Blanco the Venezuelan Minister, seven thousand dollars for three days' work, as a dental writer from natural sequence, supposed were "long drawn out." The General is known as The Hidalgo, and unfortunately carries his patent nobility, bestowed by the public-in recognition of his generosity—in every feature of his face, which exposes him to charlatan imposition. Our younger Dental Moses of California, whose originality hovers below zero, and with all his efforts at self-inflation has never been able to raise himself to its grade, or even disguise his weak powers of imitation from a tyro's detection, has recently muddled a partial transcript of the N. Y. O's legalized document, which as a "Bill" for legislative action was

tabled, although endorsed by a majority of the Odontological, and State Dental Sheep of his flock. The following is a copy of the second section of the "Bill," after reading it few will, with reason, doubt that Balaam's ass spoke:

Sec. 2d.—A board of examiners to consist of six practicing dentists, is hereby created, whose duty it shall be to carry out the purposes and enforce the provisions of this act. The members of said board shall be appointed by the Governor, who shall select them from ten candidates, five of whom shall be named by the directors of the State Odontological Society and five by the California State Dental Association. The term for which said members shall serve shall be six years. Except that the members of the board first to be appointed under this Act shall hold their offices for the term of one, two, three, four, five or six years respectively, and until their successors be duly appointed.

In case of a vacancy occurring in said board, such vacancy shall be filled by the Governor, from two names furnished him by the Society or Association entitled to such privilege. Ahem!

The provisionary document comprises a series of nine articles. couched in the above conspicuous style of dental erudition, which from its wordy obscurity bears the impression of a cross between kindergarten puerility and senile imbecility, that openly exposes its malicious intention and presumption in proposing to make the Governor a dummy by hoodwinking the members of the legislature to vote themselves asses, should they have given it more consideration than was required to table it. If virtue in society reciprocations, is rated from a commerce of good actions, with the motive of benevolent intention, the framer and thoughtless signers of the vacuous "Bill" will never achieve an influence beyond the merits of their mechanical vocation. The real object of this superfluous draft upon credulity for the influence of public opinion by law enactment was intended to force every dentist to charge exorbitant fees for mechanical work, to be rated by two self-exalted societies. which in medical train are constantly at loggerheads upon questions of difference between tweedledee and tweedledum, but in this case acted in temporary alliance with the hopes of securing the legal privileges of shearing a golden fleece from their patient flocks. Sir Astley Cooper said, that the most grateful acknowledgment that he ever received for service rendered, was from a West India planter, whom he had cured of a painful obstruction, and had thought that he was entitled to a fee of a hundred guineas, which his patient, without hesitation, raised to a thousand, and said that if he was a rich man

he would be more liberal in the expression of his gratitude. "The manner of presentation made such a pleasing impression upon my mind, that I raised the nine hundred overplus into a guineataph memorial and exhibited it as an actual expression of gratitude, until another patient indebted to me for his life and its provisionary support under treatment, attempted to steal it, as an exampled illustration of worldly reciprocations for favors received."

With professors, like those weighed in the balance of Agassiz experience, it would be unreasonable to expect an influence that would favor the development of a mind like Sir Astley Cooper's, even with the possession of latent talent. But the average mind of the student of the present period is well expressed in the sample quoted from the provisionary "Bill" of our younger Moses, who as a student demonstrated the anæsthetic properties of a book, and Sir Astley's patient's idea of gratitude in his attempt to appropriate the guineataph. But like the peacock, it would be impossible for a man of the kind to raise his head above the inborn vanity of tail expression, or to conceal by charlatan ostentation a poverty stricken youth-struggle, that might have been ennobled with honest intention. It would seem reasonable that ordinary perception should discover in forecast, that the public will by these dissensions learn the merits of the craft; and when they find that the mechanical department holds the same relation to the medical fraternity, as the millright who keeps the stones in order does to the miller, they will question whether the process of mechanical dentistry may not come within the scope of domestic attainment? Indeed, already within the circle of the writer's knowledge, there are at least twenty amateur dentists who keep the teeth of their families in repair, and for a normal tee, proffer neighborly service; and as with the fabled goose that laid the golden egg, these would-be extortionists hasten the period when their benefactors of the genus will be engined out of existence by the general adoption of the symbolic D.D.S.

EILIMS.

<sup>—</sup>Teeth have been said to present the following peculiar characteristics: Of being carious in youth, vicarious in manhood, and precarious in old age. To meet these various carious conditions a world of wisdom is required on the part of the dentist. It should be his constant study to obtain this that he may render to his patients the service they may need at his hands and which they would appreciate, and in recognition be willing to render a proportionate fee.

### EDIMORIAL.

### THE POSITION OF THE PUBLIC TOWARDS DENTISTRY.

The pages of history show the antiquity of attention, on the part of humanity, to the care of the teeth. Its records prove that, though the methods of centuries ago were crude, efforts were put forth for the salvation of these organs; and provision was made for their removal when necessary. Such attention was of course at first purely mechanical in character, and so remained for a long period, but during the last sixty years the scientific side has progressed so rapidly, that the pathological, therapeutical, and surgical aspects have become very prominently recognized, developed, and asserted by those engaged in dentistry. While in a sense this change has been gradually made, it has in reality been very rapidly accomplished, as will appear if comparison is instituted between the progress of a few years and that of centuries. Its rapidity indeed has been so great, that the *position* of the general public relative to dentists and dentistry has not advanced in due proportion.

This, then, is the state of affairs existing at present, and in it we have the unmitigated evil of a public, who, as the effect of a broad general education, demand an intelligent, scientific, successful and safe service; but, from an intrinsic cause, accept what is far from being either intelligent, scientific, successful or safe, and thus array themselves against the true representatives of a profession more than willing and able to provide that which they really would have. The intrinsic cause is not a lack of knowledge, but the failure to place themselves in a position consonant with their knowledge.

Dental service is largely sought for and received to-day in exactly the same spirit as it was long ago, notwithstanding the fact is known that the present service is vastly superior, and the result of high cultivation. The thoughts of nine-tenths of those seeking the dental practitioner never rise above the plane of a trouble purely local in nature, though the mouth and its organs are known to be parts of one great body and in every way intimately associated with it. That the productive causes of a dental trouble may be located other than in the mouth is allowed to entirely escape from their view. Nor is it recognized in proportion as it is known, that the portion of the economy usually delegated to the care of the dentist is a region of such anatomical construction, as to be capable

of becoming full of the most complicated surgery, whose intricate paths the dentist may at any moment be called upon to tread.

As long as these things are so and the people remain credulous and gullible, the many will not raise their standard higher than that point at which they know their service will be received; and it is a thankless task that the few undertake, and to which they devote their lives, who provide what is really wanted. That it should be so is passing strange, and yet it is true, for in our educated and educating age it is almost impossible to believe that such ignorance has anything to do with the reproach that dental diplomas are easily obtained; and that men do practice dentistry illegally, who are thoroughly unqualified; as well as do many legally, who are comparatively incompetent to treat and combat disease. No! it cannot be believed. The cause of the existence of these lies in the nonapplication of the knowledge possessed by the public, and the consequent willing acceptance of such service; and they will continue to be, until the people lift their ideas to a level with their knowledge, and stand abreast with the present status of true dentistry; until they feel the truth so deeply that they shall give an ever-present, active recognition to the fact that the healing art is to-day in the hands of two great distinct and separate branches,-medicine and dentistry; and seek the service of one as they seek the other, knowing that in its methods, appliances, rules for practice, societies, colleges, and literature, they have an immensity for the alleviation of human suffering in breadth and power commensurate with their demands

Just how this is to be accomplished and the evil remedied, is a point which will require the best thought and attention of many minds, as the question is one of serious import.

It has been advanced and believed that the growing intelligence of the general public would eventually prove the cure, and we have consoled ourselves by directing our efforts to their instruction in subjects pertaining to dentistry. Much good has been done in this way, but a little examination of the matter reveals the startling truth that though the education is to-day largely accomplished, the end for which that instruction was given is far from being attained. If one have doubts of this, he should remember that when a suit for malpractice is instituted against a dentist, the public interested then show a high appreciation of what true dentistry is; or he has only to engage his patients in conversation relative to the necessity of the dental practitioner having the fullest and completest knowledge of everything which in any degree affects the teeth; and he will find

that to every word he utters by way of explanation of the intricate and intimate association of the mouth and teeth with the general system, he is met by assent and agreement, with the expressions "this is so," "that is reasonable," "I understand that such is the case," etc. They know all about it, but if the practice to which they thus momentarily agree is attempted, want of confidence and want of appreciation are promptly encountered, and from lack of these, untold troubles follow. Here then is the peculiar fault,—they know and appreciate when forcibly led to make a temporary use of their knowledge. To make this temporary use a permanent and abiding thing is really now the end to be attained.

It is a fact already recognized, that the practice of dentistry was to be raised to a respectable and safe standard and montebanks and quacks driven from their deceptive practice, by an invocation of the strong arm of the law. That benefit has thus been derived cannot be denied, and that it flows not in its fulness is largely we believe because dentists themselves do not make use of the means thus provided, and talk too indifferently and disparagingly of the subject. In view of this one great advance by aid of the law another step seems indicated. As the law has thus tacitly recognized dentistry as an independent profession, by first empowering the conferment of a degree as peculiar, separate, and distinct as A. M., L. L. D., Ph. D., D. D., and M. D.; and subsequently by defining for it alone the proper legal qualifications for its practice, the time seems now ripe for the profession to demand that it shall be fully protected in this independence. That it is legally protected in every way is not denied except in this one particular, that should untoward results follow methods of practice, -in other words in cases terminating fatally while under the care of a legally qualified dentist, the case is one for a coroner's inquest and physician's testimony as to correctness of methods of dental practice. Here is a legal error and an injustice that should in some way be remedied, and means provided by the law to enable a dentist to close his relation with such cases with as much dignity and safety to himself and to his profession as the physician can with his.

When the law has thus been caused to ratify her provious testimony, the independence of dentistry will be established, and the public will not be long in accepting the decision.

### GOOD.

In the forthcoming announcement of the Pennsylvania College of Dental Surgery for the Session of 1885–86, we are glad to see the following, under—Requirements for Admission—:

"Application for admission must be made in writing. The applicant must be conversant with the English language, and give satisfactory evidence, in an examination, of having received a good preliminary education, or furnish a diploma or certificate to this effect."

And again, under—Qualifications for Graduation, among other good things, the following:

"The candidates must be twenty-one years of age, and must have studied under a preceptor at least two years, including the courses of college instruction, or have taken the spring course of lectures and clinics in addition to the two regular winter sessions. They must have attended two winter courses of lectures, the last of which shall be at this College. Graduates in medicine are eligible, after one year's service in the clinical departments of the College, and attendance upon one regular winter session."

### DENTISTRY IN DAKOTA.

AN ACT TO INSURE THE BETTER EDUCATION OF PRACTITIONERS OF DENTAL SURGERY AND TO REGULATE THE PRACTICE OF DENTISTRY IN THE TERRITORY OF DAKOTA.

Be it enacted by the legislative assembly of the territory of Dakota: Section 1. That it shall be unlawful for any person to engage in the practice of dentistry in this territory unless he or she shall have obtained a certificate, as hereinafter provided.

Sec. 2. A board of examiners, to consist of five practicing dentists, is hereby created, whose duty it shall be to carry out the purposes and enforce the provisions of this act. The members of said board shall be appointed by the governor, who shall select them from ten candidates, whose names shall be furnished him by the South Dakota Dental Society and the Northwestern Dental Association, each shall furnish the names of five candidates, and the governor shall select at least two from each five names so furnished to be members of said board. The term for which the members of said board shall hold their offices shall be five years, except that the members of the board first to be appointed under this act shall hold their offices for the term of one, two, three, four, and five years respectively, and until their successors shall be duly appointed. In

case of a vacancy occurring in said board, such vacancy shall be filled by the governor from names presented to him by the Northwestern Dental Association and the South Dakota Dental Society. It shall be the duty of said dental organizations to present twice the number of names to the governor of those to be appointed.

Sec. 3. Said board shall choose one of its members president, and one the secretary thereof, and it shall meet at least once in each year, and as much oftener, and at such times and places, as it may deem necessary. A majority of said board shall at all times constitute a quorum, and the proceedings thereof shall at all reasonable times be open to public inspection.

Sec. 4. Within six months from the time this act takes effect, it shall be the duty of every person who is at that time engaged in the practice of dentistry in this territory to cause his or her name and residence, or place of business to be registered with said board of examiners, who shall keep a book for that purpose.

The statement of every such person shall be verified under oath, before a notary public or justice of the peace, in such a manner as may be prescribed by the board of examiners.

Every person who shall so register with said board, as a practitioner of dentistry, may continue to practice the same as such, without incurring any of the liabilities or penalties provided in this act, and shall pay to the board of examiners, for such registration a fee of one dollar.

It shall be the duty of the board of examiners to forward to the register of deeds of each county in the territory a certified list of the names of all persons residing in the county who have registered in accordance with the provisions of this act; and it shall be the duty of all registers of deeds to register such names in a book to be kept for that purpose.

Sec. 5. Any and all persons who shall so desire may appear before said board at any of its regular meetings, and be examined with reference to their knowledge and skill in dental surgery; and if the examination of any such person or persons shall prove satisfactory to said board, the board of examiners shall issue to such persons, as they shall find to possess the requisite qualifications, a certificate to that effect, in accordance with the provisions of this act; said board shall also indorse as satisfactory diplomas from any reputable dental college, when satisfied with the character of such institution, upon the holder of such diploma furnishing evidence, satisfactory to the board, of his or her right to the same.

All certificates issued by said board shall be signed by its offi-

cers, and in such certificate shall be prima facie evidence of the right of the holder to practice dentistry in the territory of Dakota.

Sec. 6. Any person who shall violate any of the provisions of this act shall be deemed guilty of a misdemeanor, and upon conviction may be fined not less than fifty dollars nor more than one hundred dollars, or be confined six months in the county jail.

All fines received under this act shall be paid into the common school fund of the county in which such conviction takes place.

Sec. 7. In order to provide the means for carrying out and maintaining the provisions of this act, the said board of examiners may charge each person applying to or appearing before them for examination for a certificate of qualification, a fee of ten dollars, which fee shall in no case be returned; and out of the fund coming into the possession of board, from the fees so charged, the members of said board may receive, as compensation, the sum of five dollars for each day actually engaged in the duties of their office, and all legitimate and necessary expenses incurred in attending the meetings of said board; said expenses shall be paid from the fees and penalties received by the board under the under the provisions of this act, and no part of the salary or other expenses of the board shall ever be paid out of the territorial treasury.

All moneys received in excess of said per diem allowance and other expenses, as above provided for, shall be held by the secretary of said board as a special fund meeting expenses of said board and carrying out the provisions of this act, he giving such bonds as the board shall from time to time direct.

And said board shall make an annual report of its proceedings to the governor by the 15th of December, of each year, together with an account of all moneys received and disbursed by them pursuant to this act.

Sec. 8. Any person who shall receive a certificate of qualification from said board shall cause his or her certificate to be registered with the register of deeds of any county in which such person may desire to engage in the practice of dentistry, and the register of deeds of the several counties in this territory shall charge for registering such certificates a fee of twenty-five cents for such registration.

Any failure, neglect or refusal on the part of any person holding such certificate to register the same with the register of deeds, as above directed, for a period of six months, shall work a forfeiture of of the certificate, and no certificate when once forfeited shall be restored, except upon the payment to said board of examiners of the sum of twenty-five dollars as a penalty for such neglect, failure or refusal.

Sec. 9. Any person who shall knowingly and falsely claim or pretend to have or hold a certificate of license, diploma or degree granted by any society, or who shall falsely and with intent to deceive the public, claim or pretend to be a graduate from any incorporated dental college, not being such graduate, shall be deemed guilty of misdemeanor, and shall be liable to the same penalty as provided in section 6 of this act.

Sec. 10. This act shall take effect and be in force from and after its passage and approval.

Approved March 10th, 1885.

### DENTAL SOGIETIES.

### University of Maryland—Dental Department.

The third annual commencement of the Dental Department of the University of Maryland was held at the Academy of Music, Baltimore, Md., on Tuesday, March 17th, 1885.

The reading of the mandamus and announcement of graduates was by the dean, Prof. F. J. S. Gorgas, M.D., D.D.S.

The annual address was delivered by Prof. R. Dorsey Coale, Ph. D.

The number of the matriculates for the session was seventy-tour.

The degree of D. D. S. was conferred on the following graduates by Hon. S. Teackle Wallis, L. L. D., provost of the University:—

Madison A. Bailey, South Carolina; E. Payson Beadles, Virginia; Henry Clinton Bradford, Virginia; Claude D. Brown, Virginia; John P. Carlisle, South Carolina; Joseph W. Carter, Missouri; Thomas M. Comegys, Tennessee; Frank J. Cooke, Texas; Willie Edward Dorset, Virginia; Joseph Fournier, Jr., New York; Ferdinand Groshans, Maryland; Charles W. Hebbel, Maryland; John W. Helm, Maryland; Charles E. Hill, Australia; Ulysses Sylvester Hougland, Indiana; Clarence Henry Howland, D. Columbia; A. Hersey Howlett, Pennsylvania; Peyton Hundley, Virginia; Eli E. Josselyn, M. D., New Brunswick; John S. Kloeber, Virginia; Augustus Matthews, North Carolina; Robert T. McQuown, Virginia; William P. McQuown, Virginia; Wm. McIntosh Norwood, South Carolina; Will W. Parker, Minnesota; Henry Clay Pitts, North Carolina; Capers D. Perkins, Georgia; James M. Ranson, Jr., West Virginia; Brooks Rutledge, South Carolina; Charles T. Schaer, Maryland; Wm. Sherman Trapp, Pennsylvania; Fred. A. Twitchell, Minnesota; Albert Wangemann, Germany; Floyd J. Welsh, Virginia; William F. Wegge, Wisconsin; Frank Le Roy Wood, Maine.

### National Association of Dental Examiners.

The third regular meeting of the National Association of Dental Examiners was held in Tulane Hall, New Orleans, on Tuesday, March 31, 1885.

The State boards of Ohio, Indiana, Illinois, Michigan, Georgia, Louisiana, South Carolina, Kentucky, Mississippi, and Maryland

were represented by the following gentlemen:

J. Taft and H. A. Smith, of Ohio; S. T. Kirk, of Indiana; A. W. Harlan and Geo. H. Cushing, of Illinois; J. A. Robinson, and A. T. Metcalf, of Michigan; G. W. McElhaney and J. H. Coyle, of Georgia; J. S. Knapp, L. A. Thurber, O. Salomon, and J. R. Walker, of Louisiana; G. F. S. Wright, of South Carolina; A. O. Rawls, of Kentucky; A. A. Dillehay, R. J. Miller, W. T. Martin, and W. H. Marshall, of Mississippi; Richard Grady, of Maryland.

The greatest harmony prevailed in their deliberations, and after

the fullest consideration the following resolutions were adopted.

Resolved, That this association recommends to all State boards of examiners that registration should be made with both the examining boards and the clerks of the county courts.

Resolved, That this association thinks that all examinations of candidates by State boards should be conducted principally in writing, and that a record of such examinations should be kept by the secretaries of the boards.

Resolved, That, in the opinion of this association, a diploma from a reputable dental college should be considered as the only evidence of qualification for those who seek in the future to enter the dental profession, and that we recommend to all State boards to secure, at the earliest practicable moment, the amendment of existing laws so as to attain this end.

Resolved, That the appropriation, by any person; of any title or appellation to which he is not justly entitled and by which deception and fraud may be practiced is, in the opinion of this association, highly reprehensible, and should be prohibited by legal enactment.

Resolved, That this association deems it undesirable that State examining boards should be composed of gentlemen serving as professors in dental colleges, and recommends to the appointing powers of all States that, so far as may be possible, the places of such professors, when their terms of office expire, be filled by those not holding such positions.

The association adjourned to meet in Minneapolis on the first Tuesday in August, 1885.

GEO. H. CUSHING, Secretary.

### Vermont State Dental Association.

The ninth annual meeting of the Vermont State Dental Association was held at the Van Ness House, Burlington, on March 19th,

20th and 21st, 1885.

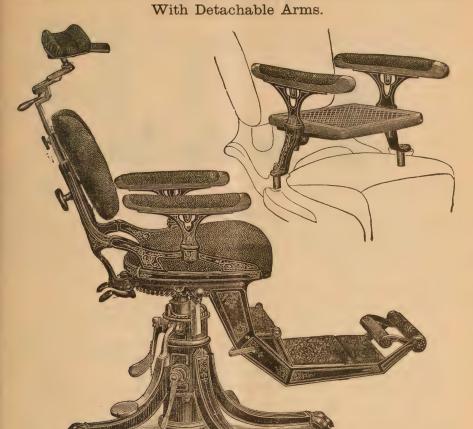
The following officers were elected: President, G. H. Swift, Manchester; first Vice President, R. W. Warner, St. Johnsbury; second Vice President, W. H. Wright, Brahdon; Secretary, T. Mound, Rutland; Treasurer, James Lewis, Burlington; Executive Committee, C. F. Lewis, Burlington; W. S. Curtes, West Randolph; J. P. Parker, Bellows Falls.

The next annual meeting will be held at Bellows Falls, com-

mencing on the third Wednesday of March, 1886.

### THE

# Improved Wilkerson Dental Chair,



### PRICES

In Best Quality Green, Crimson or Maroon Plush,	<b>\$</b> 180 <b>0</b> 0
In Crimson, Plain Turkey Morocco, or Leather,	180 00
In either color of Finest Plush, puffed with Plush, trimmed with Silk Cord, with Wilton Carpet,	200 00
In Fancy Upholstery, puffed with Plush, trimmed with Silk Cord, with Carpet to match,	210 00
In Embossed Turkey Morocco, Tan or Crimson, puffed with Plain Morocco, edged with Cord, with Carpet to match,	210 00
In Cupid Pattern, Gobelins Tapestry, puffed with Plush and trimmed with Silk Cord, Carpet to match,	225 00
For Lateral Movement, add to any of above prices	10 00

### BOXING FREE.

When Cash accompanies the order ten per cent. discount will be allowed.

### GIDEON SIBLEY,

13th and Filbert Sts., Phil'a.

We take this method of presenting to the Dental Profession

# NICHOLS' Carbolic Dentifrice,



Believing that no preparation was ever better adapted for the conservation of the health of the mouth and teeth. It is in fact mostly composed of Dental Medicines, prominent among which is **Carbolic Acid, or Phenol,** so combined with other medicaments that its objectionable odor and taste are hardly perceptible. This powder is saponaceous, and, though a great disinfectant and deodorizer, it is very agreeable to the taste, and imparts to the mouth and breath a prolonged sense of coolness and cleanliness.

It is a powder, soap and mouth wash combined.

Price for any amount less than ten pounds, put up in one-half,		
one, and two pound cans, per lb.	\$1	00
In cans containing ten pounds or more, "		80
In large size bottles for toilet use, put up in boxes containing		
one dozen each, with cork stoppers, - price per doz.		65
Same size bottle, with metalic screw top and screw cap, "		00
Same size bottle, with metalic top and slip cap, "	2	00

These metalic tops are all finely nickel plated and will not tarnish.

Will send bottles labelled or not, as may be desired.

Sample package sent to any dentist or druggist desiring to try it.

For a member of the profession to advertise to any extent, it is accounted unprofessional, but there is no way of advertising which pays a dentist equal to a good dentifrice, neatly put up with his business address for a label.

We append concluding sentence from a private letter, of which we have many similar: "I think your powder has no equal. My patients agree with me. For a label I put on my name and place of business only, and want no better advertisement.

, D. D. S., Boston, Mass.

Prepared by M. S. NICHOLS, Dentist, Laboratory at Central Village, Conn.

# WHOLESALE AGENT FOR PENNSYLVANIA, GIDEON SIBLEY,

13th and Filbert Sts.

Philadelphia, Penn.

# Purpolene Varnish!



### Something Rew!

USED IN VARNISHING PLASTER MOULDS FOR VULCANIZING RUBBER, DENTAL PLATES, RUBBER STAMPS, &c., &c.

Imparting a smooth surface, without destroying any of the fine lines in the Mould.

PRICE. (including Brush) 25c. per bottle.

P. S. THE ABOVE IS NOT MAILABLE, and should be ordered with goods being sent by Express.

### DENTAL FILES.

J. M. EARNEST,

# MANUFACTURER OF DENTAL FILES,

OF ALL DESCRIPTIONS, WARRANTED EQUAL TO THE BEST MADE.

USUAL DISCOUNT TO WHOLESALE DEALERS.

FACTORY: No. 524 Sargeant Street, Philadelphia, Pa.

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C. F. FABER, D. D. S.

### FABER'S MECHANICAL LABORATORY,

1205 CHESTNUT STREET.

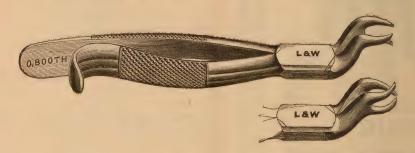
DENTAL MECHANISM EXCLUSIVELY OF THE FIRST CLASS.

Instructions given in Continuous Gum Work.

### LUKENS & WHITTINGTON,

# DENTAL INSTRUMENT MANUFACTURERS,

626 RACE STREET, PHILADELPHIA, PA.



### THE O. BOOTH, OR THREE-PRONG FORCEPS

Since making sample pair of these Forceps for Dr. Booth, from his original pattern, we have had constant inquiry and demand for them, showing they have met the need long felt for a proper Forcep in Extracting Upper Molars, where the crown is broken, or partly broken away. The above cut gives a correct idea of their form, so that further explanation we feel unnecessary.

PRICE PER PAIR, N. P., . \$3.00

### THE CARMICHAEL

# Universal Rubber-Dam Forceps

We are prepared to supply the above, adapted to the Carmichael Clamps, from suggestions and patterns furnished us by Dr. J.P. Carmichael. We have also modified them so they will do same work as the Bowman Allen Forcep, making them the most "Universal" R. D. Forcep offered.

PRICE PER PATR N.P.

Barbed Nerve Extractors per doz.

	211. 4	٠.,			Фже	3			
Plugger points for Bonwill Mallet per dozen,	· K · · ·	ă		4.	A	A	А	\$3.0	00 to \$5.00
Electric Mallet Pluggers, per doz.,	ă.	а		2	A				\$15.00
Electric Mallet N. P. Sockets for S & L Points,	each	Lj.		A	12	4	4	A 15	a 75
Snow & Lewis' Automatic Points per doz.,	4	ă	£	4	di	A	A		<b>3.50</b>

### REPAIRING.

Engine burs and Excavators per doz.,	A	4.1	A	1 L	· -a	. 73
Pluggers, Ordinary per doz	A	A	2	Z	4	- 1.50
Pluggers, Fine, per doz.,	- A		Δ.	2	2	\$2.50 and \$3.00
Forceps repaired and N. P. each,	2	E'	Z.	Z.	d	± 60

# . The Compound of Iodoform.

For General Use for the Treatment of Pulpless Teeth, and for Capping Exposed Pulps, Etc.

PREPARED BY DR. WM. C. FOULKS.

Composed of Iodoform, Hydrate of Chloral, Acetate of Morphia, Chlorate of Potassium, Sulphate of Zinc, and Oil of Cloves, Cinnamon, Cajepute, Eucalyptus, Turpentine, and Glycerine, quant. suf.

This paste is free from objectionable odors, will not SPOIL or DRY if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never alters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a number of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure-all," but one that will GENERALLY be amply sufficient for the permanent or temporary dressing of canals, and for capping pulps, etc. A circular, containing explanations and directions, accompanies each box.

Put up in \(\frac{1}{4}\text{oz.}\) wide-mouth glass bottles. Price per box, \(\frac{1}{2}\)1.50.

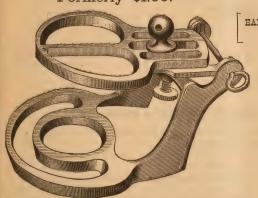
### FOR SALE BY GIDEON SIBLEY.

Trade Supplied.

Philadelphia, Pa.

# No. 1 Articulator. Reduced in Price.

Formerly \$1.00.



Reduced to 90 Cents.

HANDSOMELY FINISHED AND NICKEL PLATED, \$1.50. If sent by mail, postage extra, 10 cents

These Articulators are equal in all their fitting parts, to any \$2.00 Articulator, and are superior in weight, strength, and fittings, to any sold at \$1.00 or 90 cents.

We make but one grade, and that we make well.

### GIDEON SIBLEY.

Dental Depot.

13TH AND FILBERT STS., PHILAD'A, PA.

OUR RUBBER DAM is unsurpassed in quality. We have both the dark and light colored, and put it up in convenient form for use, in strips (rolled) 5 yards long and 6 inches wide, also 4 yards long and 8 inches wide. Medium thickness. Quality guaranteed. Price, \$1.50.

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# SAMSON RUBBER

MANUFACTURED BY

### EUGENE DOHERTY,

444 FIRST STREET, Brooklyn, E. D., New York.

WARRANTED TO BE

# THE STRONGEST & MOST UNIFORM RUBBER MANUFACTURED.

It is the toughest and most durable Rubber made. Vulcanizes same as ordinary Rubber.

### SAMSON RUBBER.



MANUFACTURER OF ALL KINDS OF

### Dental Rubbers and Gutta Perchas.

### PRICE LIST OF DENTAL RUBBERS AND GUTTA PERCHAS.

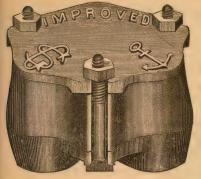
No. 1 Rubber, per lb	2 25	No. 1 Weighted or Amalgamated Rub-
	2 25	ber, per lb
Samson Rubber, per lb	2 75	No. 2 Weighted or Amalgamated Rub-
Black Rubber, per lb	2 25	ber, per lb 4 00
Flexible or Palat. Rubber, per lb	2 75	Black Weighted or Amalgamated Rub-
Gutta Percha for Base Plates, per		ber, per lb 4 00
lb	2 25	Weighted Gutta Percha, per lb 4 00
Vulcanite Gutta Percha, per. lb	3 50	Adamantine Filling or Stopping, pr.oz. 4 00

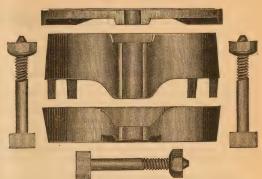
Yote.—The above Rubbers and Gutta Perchas will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Denta' Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

### EUGENE DOHERTY,

444 First St., Brooklyn, E. D., New York.

# IMPROVED & ANCHOR FLASK.





The above cut represents a Flask of our own make, it being greatly improved over the old style Anchor Flask, in many respects, as follows:

It is larger in size, and much thicker, weighing nearly two-thirds more.

It has much longer guides, and is so constructed that it is impossible for the bolts to slip, thus making it the most perfect and convenient flask in the market.

Any Vulcanizer measuring 3\frac{3}{4} inches in diameter, inside, will admit this flask easily.

PRICE, MALLEABLE IRON,	\$1.00,	postage,	25 cents.
EXTRA BOLTS, per set,	.25,	66	free.
WRENCHES.	10.	44	66 "

### FRENCH'S

### SELECTED DENTAL PLASTER.

						4.	~ ap					
6	quart,	air-tight	t can	, , .	1		1,00		٠.	w <sup>2</sup>	,	\$ .70
12	. *6 .	A		v 1						. 🔻	4-1-5	1.15
16	6.6	*4							٠. ·	. J. J.	100	1.45
24	68	68.		100								2.00
Qu	arter-1	Barrel,	v		٧.		,	,		( ) ( )	\$ .	1.60
Ha	lf	4.6									A 1 1 1 1 1 1 1	2.50
On	ie .	. 86	2 ×	13	, 6		14		y C	3 .4	N 1	3.50
				-		-10	٠+					

We also keep slow-setting Plaster, which is preferred for Models and Flasking; at above prices. When sent by freight, porterage extra.

# LAWRENCE'S AMALGAM.

### "The Old Reliable."

This Amalgam has received the endorsement of the Profession at large for over forty years, which would seem to render any remarks as to its excellence superfluous.

### Price, \$3.00 per ounce.

Purchase only of reliable dealers, their agents, or of the inventor and only manufacturer,

AMBORSE LAWRENCE, M. D.,

476 Columbus Ave., Boston, Mass.

# WATT'S IMPROVED METAL.

### BETTER THAN ANY IN USE!

Six Ingots to the Pound.

Per Ingot, \$1.00.

Printed Instructions with each Ingot.

This metal is far superior to the well-known Watt & Williams metal. It is the result of diligent research, aided by abundant leisure, and long experience in the science of metallurgy.

Watt's Metal is stronger and runs sharper than any in use, while it withstands chemical action within the mouth better than 18 carat gold.

It has no equal for lower plates, gives a much better fit than rubber, celluloid, or gold, and is good conductor of heat and electricity. Weight is often advantageous; but if shrinkage is very great a base plate of the metal may be made, and the teeth attached to it with rubber or celluloid. Most beautiful upper or lower dentures may be thus made, and no other work has greater duration.

Molds may be made in almost any flask, but a glance at the cut of the Watt Flask will persuade any one to buy it who intend to use the work.

Ask your Dental Depot for it, or send to

RANSOM & RANDOLPH, Wholesale and Retail Agents, 83 JEFFERSON STREET, TOLEDO, OHIO.

# KING'S OCCIDENTAL AMALGAM.

PRICE REDUCED TO \$3.00 PER OZ.

5 oz. at one time, \$2.75 per oz.; 10 oz at one time, \$2.50. per oz.

This Amalgam has been before the profession in Ohio and Western Pennsylvania for some years, and all who have used or tested it, agree that it has merits over any other Amalgam in the market.

The process of manufacture differs from that of other Amalgams, and

### BY A NEW INVENTION

Dr. King is enabled to obtain better results, both in regard to COLOR, SHRINKAGE and EXPANSION, than is obtained in any other alloy in the market.

Test for color consists of sixty grains of Sulphuret of Potassa, dissolved in one ounce of water. Amalgam plugs to be left in this solution twenty-four hours or more. The Occidental will remain bright after this test, and we know of no other Amalgam, at even double the price, but that will discolor. All who would use the best should buy it.

Ask your Dental Depot for it, or send to

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### 

### "OHIO STATE JOURNAL OF DENTAL SCIENCE:"

GEO. WATT, M.D., D.D.S., Editor, Xenia, Ohio.

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Dealers in every Instrument and Article used by Dentists and Surgeons. All the Leading Goods in Stock, and Supplied at Manufacturers' Prices.

A Large Stock of JUSTI'S and WHITE'S TEETH, and the WELL-KNOWN SIBLEY TEETH always on hand.

Address all orders and subscriptions to

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# VON BONHORST'S

### ANÆSTHETIC.

We have recently purchased of Dr. C. G. Von Bonhorst, now of Pomona, Cal., at considerable expense, his tamous Anæsthetic and Applicator, with complete apparatus for manufacturing and putting up the same. This anæsthetic is so well known in this vicinity that we only consider it necessary to state that it is again in the market. As to its genuineness we refer to Dr. Von Bonhorst, who has sent all orders which have been sent him since he went to California to us. We call attention to a few of the prominent dentists who have used and can recommend the Anæsthetic,

Having use!

Dr. VON BONHORST'S

### **ANÆSTHETIC**

from the time it was first obtainable to the present, I take pleasure in saying I consider it of great utility,

# Lessening the Pain

incident to some of our most severe operations.

CINCINNATI, February 7th, 1884.

A. BERRY, D. D.S.

President of Mad River Valley and Ohio State Dental Societies



I have treated a score of

### **Exposed Nerves**

both those that follow excavating, as well as those exposed from decay, and

### Not One Failure.

All treated by the aid of your preparations.

D. R. JENNINGS, D. D. S., Ex-President Ohio State Dental Society.

My experience with your goods is similar to that of Dr. Jennings.

PROF. J. TAFT.

C. BRADLEY, Dayton, O.

V. F. ELLIOTT,
Minneapolis, Kan.

I. WILLIAMS,
Ex-President Ohio State Dental

The above illustration shows style of package and label-about two-thirds size.

Price of Anæsthetic, per Bottle, - - - - - - - \$1.50.

Price of Applicator Reduced to - - - - - - - - - 1.50.

### SPENCER & CROCKER.

OHIO DENTAL AND SURGICAL DEPOT,

TRADE SUPPLIED.

CINCINNATI, O.

Send One Dollar for Sample set of "Sibley's" Teeth.

See Illustration on another page, of a few styles of "Sibley's" Plain Teeth.

Try a sample Package of Sibley's Gold and Platinum Alloy, which is the best.

Our Medium Rubber Dam is superior—none better in the market. Put up in convenient form, 5 yards long, 6 inches wide, also 4 yards long and 8 inches wide. Price \$1.50.

The Improved Anchor Flask, is the best in the market.

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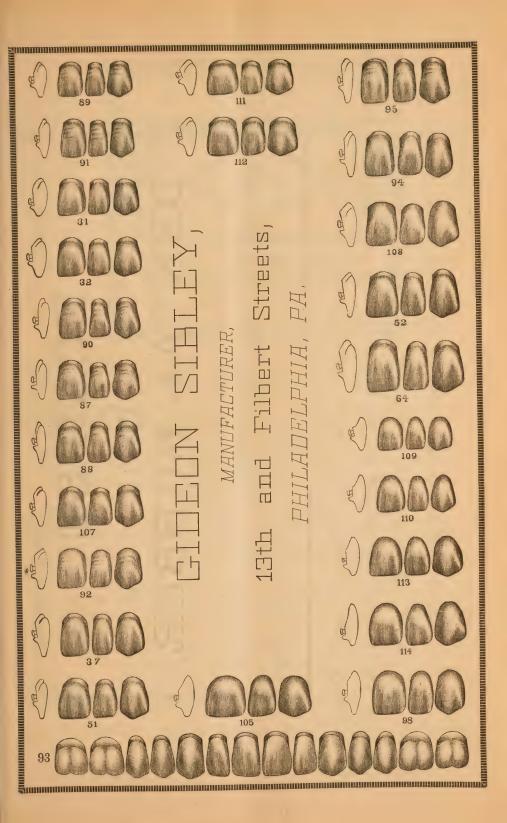
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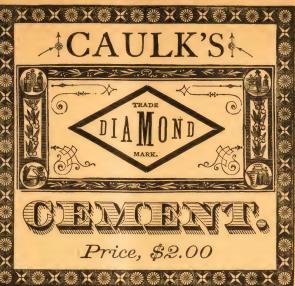
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A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., EDITORS.
L. ASHLEY FAUGHT, D. D. S.

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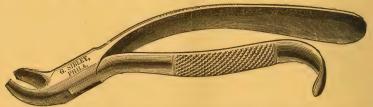
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# Dental Practitioner.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

VOL. III.

PHILADELPHIA, JUNE, 1885.

No. 6.

### SYMPTOMATIC PATHOLOGY OF THE MOUTH.

BY ELTON R. SMILIE, M.D., SAN FRANCISCO, CAL.

(Continued from page 105.)

After four hours had passed in almost total abstraction, from thoughtful self-control or mindful of being led like a child in leading strings, she rose to depart without the slightest allusion to the nature or seat of her disease, and proffered me an unheard of fee, even as a recompense for successful capital operations in surgery which jeopardized life. With the rapidity of startled thought I scanned in review our conversation to see if any portion of it could be construed into any of the legendary traits of Finnish and Yankee expressions of selfish longing, and although I failed to detect either in feeling or language the motive that has earned for them the stigma of pettifogging tricks for gain, I could not restrain my tears, impressed with the thought that I had in some way given occasion for her to entertain so poor an opinion of me as to suppose I would take a fee for receiving rather than conferring a service.

Her well-trained perception quickly appreciated the nature of my reflections, and to soothe the wound and make me understand the distinction upon which her apparently prodigal estimation of service rendered had been based, she explained that if the aid had depended solely upon mechanical talent of filling teeth united with the *noli ne tangere* delicacy of touch required in dealing with the nerves to insure a comparatively painless operation, she would have been satisfied with paying me the accustomed equivalent for occupying my time in preparatory consultation. But her requirements were of a

higher order than the mere mechanical dentist could fulfill, "of this," she said, "I consider myself competent to judge; for in premonition of the necessity from physical warnings brought on by the irregularities of my habits, I passed two courses, disguised as a student, in the University of Paris; my studies confirmed me in the belief that I had incurred certain predispositions even after I had relieved my mind from the imaginary fears that leads almost every student to adopt the different maladies described in lectures and books. Acting upon the impulse of these impressions I consulted in freedom from disguise all the different professors, and each examined me with all the appliances of his specialty, but no two agreed in stating the nature, or location of the disease, or treatment of my system for the amelioration or cure of the diseased tendency, and were only infallible in the exorbitant fees charged as an evidence of their ability. So you see, child, that without flattery, I have placed a just estimate upon the service you have already rendered me, as the demonstrator of certain symtomatic effects upon parts of the mouth as an evidence of diseased translation from remote organs,which I have drawn from you unconsciously, -is a true interpretation of my own feelings, and has realized my premonitions, and tomorrow I will give you the opportunity for directly verifying your relative diagnosis. You will perceive from this statement in train for other confirmations, without computing in payment of indebtedness the enlistment of gratitude for corrective reproof of my conscious delinquencies, that I have not been over-generous in money compen-You have probably heard much that is true of me by common report, and greatly to my disadvantage, but as it is but reasonable to suppose that persons have a better knowledge of their own acts and the motives that prompted them, to-morrow I will make known to you everything that can possibly have a bearing upon my disease and complications, necessary for your aid in forming a correct diagnosis. But it will be with shame and regretful grief; for you will then realize that even with your manifest inclination, we cannot enjoy the privileges of open friendship, as the reputation of being more sinful than the actual passages of my life, would blast the integrity of yours, allowing that your pitying disposition could overcome its natural abhorrence of instincts which prompted my transgressions, and holding it reasonable that my sufferings from physical retribution would prove a sufficient punishment without the addition of your scorn. You will perceive by these hints that the opinion of the public, usually ungenerous, has done me no great wrong in pronouncing judgment upon the course of my past life. Still you will

urge in my defence, that there was a leading period in my life which was blameless of the intention to do wrong, and that example was the incentive that gave me the bias to adopt evil temptations before my perceptions were sufficiently matured to foresee the inevitable results. In this respect your palliative reflection would be just, and my regrets for the influence, and indignation against the personal example of the school teachers who led me astray, are constant, and I have ever retained an emulous admiration for a woman who has preserved her purity unimpeached and conformed to the inborn promptings which her modest nature should recognize as legitimate with the instincts of our sex. These innate impressions confirm me in the belief, that if they had not been misdirected, my natural inclinations were good, and with aid, cultivation would have afforded me in development as true a source of happiness as the opposite course has obtained for me an unenviable notoriety. Receive the fee, child, as an evidence of my confidence in your ability to render me both physical and moral benefits that will exceed the power of money to purchase, and if you can overcome your repugnance to the sacrifices of womanly modesty I have made to vanity for the oratification it would afford to hold intellectual supremacy, you will enable me to counteract in a measure the evil influence that I have hitherto exercised in giving freedom to unchaste thoughts in a class of society, that from position controls and shapes the fashion of speech, clothes, and style of movement to all the lower grades of humanity."

As she was persistently earnest in her intention to endow me before trial, she accepted my proposal that it should be recorded in her note book as a proffered recompense that I would accept if my treatment proved beneficial. In parting for the night she made a quick motion, as if to receive and return my proffered kiss, then withdrew her head without salutation, and with a sad expression of face shook my hands and departed.

A sleepless night was passed in reviewing our conversation, and although I could not fail to understand the motive of the evening visit, it had been so skillfully disguised with the interest enlisted and delicate tact, that she accomplished her purpose with a success in developing my latent thoughts that in review greatly surprised me, as unaided by suggestion they would have remained in embryo. But instead of feeling mortified that I had been made a passive instrument of demonstration, I was gratified that I had acquitted myself so well as to gain the confidence of one so gifted in all the arts that contribute to gain the possessor a well-founded reputation

for the variations of wisdom and wit, which unfortunately with our sex is usually combined with characteristic traits of folly engendered by attrition in acquisition. In vain I tried to conjecture the nature of her disease, and although she had at times hesitated and placed a check upon her tongue when a certain class of diseases were discussed, I was loath to even think it possible that a person of her refined cultivation could by any vagary of instinctive passion, knowingly expose herself to the chance of contagion from so vile a pollution, and censured myself with injustice for thoughtful preparation in view of the method of treatment should it prove to be a metastatic translation of the kind, and earnestly hoped that my admiring reverence would not be so easily humiliated.

Fortunately the day following was exceedingly cold, so that I felt sure that I should be obliged to accept the proviso of a Russian winter engagement, "I will surely come if it is not very cold," for those in the ordinary routine of mechanical operations. As I anticipated, hers was the only engagement kept, and with a sympathetic consideration for the comfort of her servants for which I was prepared to give her credit, she dismissed them with an appointment, and in reciprocal bearing on their part they showed a differential attachment quite opposite in expression to the indifference manifested by my patrons of the higher nobility for the welfare of their servants.

Upon receiving and helping her to disrobe I could not fail to discover from her care-worn face that she had passed not only a sleepless but an anxious night, and when seated in my operating chair her eyelids quivered and it was only with a manifest effort of will that she regained sufficient composure to enable her to give me a relation of the symptomatic cause of her apprehensions. As she proceeded my fears and sympathies were strongly excited, and when it came to an examination of her mouth I found to my dismay its condition the exact counterpart of Mrs. P's, whom you attended during the closing year of my novitiate. The left inferior maxillary wisdom tooth had in it a large gold filling condensed to a perfect weld, that had in the main received an unscratched finish, but a notch here and there of the holding rim showed that with all his care, the dentist had not directed the point of his instrument securely upon the border line of gold necessary for forming a compact junction with the bevel angle wall beneath the rim. Upon inquiry, my patient said the filling of the tooth had caused her intense pain although the pulp was not exposed, but the jar of the instrument upon the dentine seemed to compress it and send a pang with each stroke to the eye and ear, and from the irritation a chronic sensitive

ness succeeded, and continued until six months after the operation she took a cold that resolved it into an active state of ulceration that required a month's active counter-irritation to subdue. The second molar had a small filling inserted at the fissure junction in the crown's central depression. With the exception of these, the balance of her thirty-two teeth were in excellent condition, and of that peculiar structure that gives sure indication that in hereditary transmission the constituents of her bony system had remained free from the taint of degeneration through a long reach of progenitors. This, with the history she gave me of her ancestors' habits, afforded me the hopeful feeling of certainty that I had not the septic infliction of predisposition to contend with. But it was enough for direct diagnosis, that I discovered the liver-colored and shaped fungus starting in growth from the neck attachment of the gum of the diseased wisdom tooth, and extending backward toward the fauces. Fully impressed with the danger I should have to contend with, after the extraction of the tooth from the rapid growth of the fungus, if as with Mrs. P's the seat and cause of translation was uterine irritation during the process of gestation, with a feeling of blushing hesitation I questioned her, as from public report and her personal relation I had received no hint of her being a married woman. With more marked confusion than she had yet shown, after many stammering attempts to speak, she faltered, "Yes, child, it is as you judge, but hoping there would be no necessity, I could not reveal to you so great a cause for shame; but now I might as well make a clean conscience of it, for one's sins are sure to find them out." She then related that she had been five times in the process of motherhood, three of which matured with the birth of two boys separately, and two girls, twins, all free-up to the present time-from developed hereditary disease of any kind; and to secure them from the temptations which had led her astray, and unacknowledged birth paternity, had placed them as the children of a widowed mother, of rank, in the charge of English Episcopal clergymen to receive their education. "Thus you will see, child, mis-steps of the kind lead to a chain of errors which in turn fetter you to a life of falsehood, from which there is no honorable way of escape, except by death, which if slow brings the tormenting fears of reflection that your children may suffer shame on your account." In answer to my inquiry, with regard to the condition of her appetite during the period of restation, and whether she suffered pathognomonic symptoms, out of the healthy course. She stated that with her first two children

she had a normal appetite that ranged within the usual bounds of nutrition, with only an increase adapted to the duplicate process for sustenance: but when enciente the forth time she took abortives to relieve herself from the incumbrance, and then for the first time experienced the pains of toothache and the vagaries of a morbid appetite. Apparently observing the shock of disappointment that flushed my face from a confession so repulsive to the innate modesty and humane tenderness excited in anticipation of approaching motherhood, she answered to the expression, "Yes, child; the one fatal mis-step once taken in girlhood, disrobes the unguarded victim of every charm that should raise her above, and protect her from the brutish instincts of our body's animal propensities; and the more elevated our capacity to realize all that is beautiful in the present life from the cultivation of the ideal, which becomes to the pure woman the echo of immortality, the greater the power she possesses for evil and self-debasement, and alas, that I feel constrained to acknowledge it, to you, I have often exulted in my ability to lead the aping, common herd to their own destruction. But relentless remorse ever haunts me to raise hopes of redemption only to crush them with the extraction of some new form of impetuous passion that leaves me to sink deeper in despondent misery. Even now, I cannot avail myself of your pitying admiration, but by full confession must startle into self-defence the womanly pride of your innocence; still I am grateful to your emulous mercy that is fully interested for the cure of my self-inflicted physical ills.

Try and bear with me, without feeling yourself humiliated in sex alliance with one who has committed so many gross errors, and now feels acutely that the mental and physical punishment is justly merited, and may be the means through your instrumentality—if my life is spared—of restoring me to a career of usefulness that for a short period of repentance I once enjoyed; and instead of accounting me a murderess, think in extenuation, if you can, of the misery, worse than death, that would have been entailed upon them if born to a sullied and illegitimate heritage."

Despite your cynical sneer at her abortive repentance, and pleading skill to enlist all my mental energies in her behalf, I know, that secretly, you are as soft and sympathetic in your emotions as any woman can be, and would very much quicker have fallen upon her neck and greeted her pleading resolution with tears than I did—perhaps to its mutual undoing—for her power over men in mental accord must have been irresistible, notwithstanding your warning that the physician's mind should be kept free from all compassionate

bias while balancing the symptoms with the personal experience of the patient, to obtain a correct diagnosis and indications for treatment. But after our emotions had somewhat subsided, the necessity of following your advice became strongly impressed upon the patient as well as myself, for the sensational scene had demonstrated the almost insuperable difficulty that sensitively intelligent women will be obliged to overcome before they can command the disinterested control of their feelings in a sufficient degree for the unbiased exercise of perception required for tracing the tendency of disease in all of its variations from cause to effect, necessary for a correct diagnosis and successful treatment. Besides, with the doctress and patient who are affinitised in sentiment the conversation in examination will be too diffusive for speedy decision in complicated diseases, and those of an acute form requiring quick and determined action, of which, you will say, I am giving you ample illustration, Now, I will try and show you that I have taken a lesson from the womanly failings I have acknowledged as the besetting sins of our sex, by giving as concisely as possible the result of my treatment.

Although the disease, in its fungoid development around the wisrlom tooth, had made its appearance but three days before, premonitory lancinating pains had been felt in the jaw for a month or more, reaching from the second molar backward to the angle of the jaw. These symptomatic precursors so well defined the location and limits of the inceptive stage of the disease, I was forewarned, and reminded of your experience of the necessity of prompt action, and made my preparations accordingly. But with all my anticipations and forebodings, was not prepared for the rapid development of its malignant character, which succeeded the extraction of the second molar and wisdom tooth; and now wonder that I preserved my self-reliance that enabled me to cope successfully with the aggravated irruption of this formidable disease, for in less than an hour its fungus filled and over-lapped the sockets margins notwithstanding the free use of the powerful caustic with which you supplied me; and but for the instrument you devised for its protection in application would have baffled all my efforts, as a perfect deluge of saliva poured forth from the glands that would have neutralized its effect. Again, fortunately the wash of the saliva prevented the swallowing and absorption of the dissolved poison of which the caustic is composed, for, although I applied it constantly for five hours there was no deleterious effect, other than slight nausea, and then I had the extreme relief of seeing the liver hue turn to white, showing that the mushroom growth of the fungus was stayed. Still, I did not trust to favorable

appearances, but continued the application at intervals during twenty-four hours, when the reaction of sloughing commenced and afforded me the first view of the sockets bony margin, and enabled me to probe and penetrate the cellular tissue of the jaw without the root enclosure, which was broken down, and the matter of its decomposition imparted to the instrument the most unbearable odor that ever came within the scope of my nostrils, and produces a repetition of the sensation of disgust whenever I think of it. It surprised me that no blood flowed from the extraction of the teeth, as you had cautioned me to have all my appliances ready to stop it, as it would prove a hindrance to the effective use of caustic, from coagulation. That, there was no flow of blood, I ascribed to the pressure of pent-up matter upon the venous vessels, and by allowing the caustic to act more readily, fortunately produced a quicker and more favorable result, that relieved my anxiety from a tension almost insupportable.

As a caution against its eruption after the cavity was free from matter, I syringed it thoroughly with a solution of muriate of mercury, using a curved spoon excavator to remove the partially decomposed substance, and cotton fastened to the end of a copper wire sufficiently flexible to clean it more perfectly in every part that there might be no absorption for the secondary production of fragilitas cancrum. This treatment was alternated with the local application of antimonial potash, and administration of the hypophosphites of lime and soda, with variations suited to the symptomatic indications. In my investigations for pathognomonic cause and resulting variations, never was doctor or doctress more favored than I with the intelligent interpretation of symptoms afforded by my patient; but with a sympathetic confidence that encouraged in me self-reliance the inspired source of ability—she never even suggested a remedial measure; but after convalescence, acknowledged that her curiosity was strongly excited, in every instance, to learn the method my judgment proposed to adopt to combat unfavorable tendencies, and when announced felt a calm assurance of its success. In questioning the source of this reliance, so contrary to your experience in San Francisco, I could but attribute it, in contra-distinction, to the superior intelligence of my patient, who reasoned correctly when she thought that remedial promptings from her would but serve to render uncertain the natural deductions of my own judgment, and am truly thankful that my first serious case afforded me the benefit of such efficient co-operation on the part of my patient, and am convinced that she possesses that power of self-control over her passions and appetites that will afford her the assurance of freedom from relapse. Although, to her leading natural intelligence, acquired ability, and worldly experience, I feel myself chiefly indebted for the successful result, and would consider myself amply repaid by the knowledge gained through her skilled development of my innate powers of thoughtful deduction, I find myself; perforce, the possessor, in fee simple, of an elegant establishment that of itself attracts the class of patients most desirable, and the princessly gift is still more enhanced to my grateful pride, with the knowledge that she openly ascribes her recovery, from the much dreaded disease, to my treatment. In advocating with grateful expressions of praise her sense of my ability, I feel that she exceeds by far my just merits; but when I expostulated and expressed the fear that it would make us both appear ridiculous, as of the mutual admiration class, she replied, "dear child, as you grow older in experience and your powers of analytical observation expand, you will become less sensitive with regard to your speech in conversation with the ordinary style of people that rank as first-class in society association; for as a general practice they neither think, reflect, nor remember, and if they attempt to repeat what they hear, are certain to make a muss of it,—and to their blunders, as with the Finns and Irish, I owe many of the hits that gained for me a reputation for humor and wit. The exceptions to this average are few and far between, as is merit with the well-patronized in your profession; for pretension in it, from the beginning, has held ruling supremacy, and I would much more readily employ an obscure well-educated person to treat me medically, than the usually successful professional parrot who has talked him or herself into popular society patronage; so you need have no fear of reaction from my over-gulling the gullible vanity of those who live to forget the useful experience of the past for the winged sensations produced by herding attractions."

Of course, I feel that I shall have your warmest sympathy and congratulations, not only for the successful treatment of my first case of this formidable disease, but in the extreme pleasurable exaltation that the greatness of my recompense was not derived from publicly over-rating or insinuating the possession of extraordinary ability, or any other pretext for extortionate rating of my payment expectations; and I am sure that you cannot depreciate or regret more sincerely than I do my unworthiness of the over-valuation placed upon the service rendered, when rated by the scale of worldly calculations, void of the consolatory expression of gratitude it tacitly expresses. \* \* \* In the relation I have not specified the medi-

cative means used in the different stages of the suppurative and healing process, as they were mainly of your suggestion and preparation, the variations were only those required to act in accordance with difference in constitutional and circumstantial impressions.

\* \* \* \* \* \* \* \* \* \*

Note.—In the case of Mrs. P., referred to in the relation, the translation of the irritating cause for the development of the cancerous disease of osteo-sarcoma to the predisposed carious teeth and jaw, was more apparent than the description of the Russian example demonstrated. Mrs. P. was a Russian Jewess, born in Moscow, of Germo-Polish parentage, and had lived a migratory life; the first knowledge obtained of her habits and predispositions was while she was a resident of Panama, N. G., then a miss of eighteen; fifteen years after as a married woman she verified the prognosis of a latent cancerous tendency.

In her reckoned third pregnancy, the left inferior maxillary wisdom tooth, and anterior molars, became over-lapped with a fungus liver-hued growth, which was attended by a deep-seated throbbing pain in the jaw, to which her sensations referred it in contra distinction to tooth-ache; this extended to her left eye with neuralgic twitches. An examination showed a slight protrusion of the eye with contraction of the pupil, which remained immobile to the effect of belladonna, while the other seemed unduly sensitive to its influence. As the disease progressed the cause of this immobility became apparent from the induration and consequent contraction of the schlerotic membrane in counter compression to the protrusion from evident enlargement or tumefaction of the branch connections of the optic nerve with the posterior portions of the eye-ball, showing an anastomotic communication of the maxillary nerves with those of the eye, or more probable direct symtomatic translation of diseased irritation from the gravid uterus, as in cases of temporary myopia and in permanent, caused by excessive vagino-uterine excitement from masturbation and undue venery. Yet, in effecting a cure of the jaw osteo-sarcoma, the sight of the eye was improved and the induration and convexity abated, showing plainly that uncontrolled the disease would have extended to the eye.

In her case the disease was greatly aggravated by the continued use of the most indigestible substances, many of which could only be supposed to yield nutriment by a stretch of imagination; and it required the positive assurance of being left to her fate before she would submit to the alternative of a regulated diet. When the four teeth were extracted there was a copious flow of blood and fetid

matter, which from coagulation rendered the application of caustic comparatively ineffective, and it was not until after the eleventh day that the suppurative process set in.

During the interval, from the extraction of the teeth to suppuration, the fungus growths were thrown out so rapidly that they overreached the tongue and impeded breathing and threatened suffocation, so that portions had to be cut away, but with the advantage of allowing the caustic cup to compress and check the flow of blood, and by this course, reaction was established. At intervals, during the twelve months that it required to restore healthy action to the bones and membrane investments of the diseased parts, treatment was suspended to test the recuperative powers; but up to the time of her delivery of a still-born child, at full term, some act of imprudence would bring back all the local symptoms of her disease, that required renewed active treatment. The child, although well-developed in the personals of Jewish idiosyncrasy, bore plainly the impress of its mother's disease. At the expiration of the twelfth month, from date of treatment, the patient was dismissed, with the warning that if she became pregnant again it would be almost certain to reproduce the cancerous predisposition, which would cause a consumption of the earthly constituents of the bones, and a lingering death. For five years she remained in comparatively good health, considering her habits, and then became pregnant again, but found a physician who aided her in procuring an abortion; after its accomplishment muscular power in locomotion gradually diminished, uutil it was with the greatest effort that she could succeed in crossing the room. In watching her movements, when attempting to walk, the want of stability in the long bones of her legs was very evident, and the wavering unsteadiness of her motions and lack of confidence in her voluntary powers, could be easily traced to the yielding bones from muscular contraction, they lacking necessary firmness to give direct elevation to the lower limbs in walking, until with a manifest daily decrease in ability she became utterly incapacitated, and when removed to the bed found it impossible to turn, unassisted, from side to side, or change her limbs or body with voluntary disposition from where they were placed. In this self-passive condition she was obliged to lay until a bed-sore formed over the sacral ridge and became cancerous and beyond curative reach, while the long bones of her lower limbs fractured one after another from the involuntary contraction of the muscles, cramped from long inaction and distention in one position, and when an easy death relieved her, the post-mortem dress-makers said "she could be folded together any way, as easy as though she had never a bone."
But the bony texture of the jaw, the local seat of the first cancerous attack, retained its ossific firmness as perfect as the opposite ramus, although its cellular tissue had been exposed and partially recovered with a substitute for the cancellated structure, showing clearly that before the last source of irritation was engendered, her system was in the process of recuperation.

### THE LEGAL STANDING OF DENTISTRY.

BY L. ASHLEY FAUGHT, D.D.S.

(Read before the Odontographic Society of Pennsylvania, April 21, 1885.)

The practical side of dentistry is, as it is with all assembled here to-night, ever before me; and I know that most of us will find in the faithful performance of its duties enough to fully occupy our attention. It is well therefore that we should, night after night, in our societies; and, month after month, in our journals, discuss principles of practice,—that these indeed should be our constant meat, and drink, and sleep. But I assert here to-night as the honest conviction of my mind, a conviction reached by a careful study of the subject, that there is in the topic for consideration this evening what is to-day more vital to living concrete dentistry than is any discussion of any of these principles; and they should be banished if need be, and the time of our societies and the space of our journals consecrated to an action, that should only become passive when the legal standing of dentistry is accomplished.

We need to look at this thoughtfully, earnestly, and sternly. We need to carefully prepare for battle, and enter the conflict with the spirit of the warrior who dies or conquers. Yes, the time is now ripe when dentists should secure a legal standing for dentistry, or prove it by the effort impossible to be obtained. I am not one to lightly make such recommendation, for I love dentistry as dentistry and would be the first to deplore the sad result. But, again and again, there have come to me, as in all probability, ever and anon, have come to you all, intimations of the necessity of a careful consideration by dentists of the relative aspects of dentistry;—of dentistry in relation to itself; of the relation of the public to dentistry; of the relation of dentistry and lastly, of the relation of the law to dentistry.

Through these relationships, in the order in which I have named them, runs a thread of thought that in each becomes more and more impressive and culminates in the last in a truth of vast importance to us all. Let us follow this thread and garner to-night the truth.

Our subject is the legal standing of dentistry. It is important therefore that we understand the meaning of the word "dentistry," alike and aright. I have, for this reason, put first as the startingpoint the relation of dentistry to itself. What is dentistry? What is expressed when the word is uttered? If I had handed you all slips of paper, as you entered the room to-night, with the request to write upon them your conception of the meaning of dentistry, and had them now to read to you at this point, I fear I would not be able to say that in reading one I had read them all; and yet, why should you differ? Why should the expression on our diplomas "the degree of Doctor of Dental Surgery" mean anything but one and the same thing to all? Suppose we now do as we would when we desire the definition of any word of which we are in doubt, -examine for it in Webster's dictionary. By this the word "dentistry" is defined as "the art or profession of a dentist;" and the word "dentist" as "one who makes it his business to clean, extract, and repair natural teeth, and to insert artificial ones." Are you flattered, gentlemen, by this embodiment of learning? Is this dentistry?

The definition of a word is sometimes only to be accurately determined by its usage. Seeking light in this direction we find the great mass of people—the intelligent public—very much divided in the opinions they express on what is dentistry. Each individual, according to the amount of culture and education possessed, and the circumstances which have produced such conditions, grading it differently all the way from what is high and comprehensive to that which is low and narrow. With the class specially designated as physicians, the majority show that they but conceive of a manipulative expression of dentistry. With dentists themselves the meaning is doubtful, -is two-faced; -the colleges of dentistry by their curriculum of education expressing both a manipulative and a medical aspect; the literature of dentistry doing the same thing; and yet, the majority of those who thus study and read never carry into everyday life anything but routine manipulation. The day of graduation largely discards the medical aspect, and confines it solely to the space between the covers of the monthly journals.

A consideration then of dentistry in relation to itself shows that at present it has *no distinct absolute* meaning. That it may have one in the near future, is the plea for prompt attention to the legal standing of dentistry.

Next, then, the public in relation to dentistry.

From the earliest ages to the present time dentistry has advanced in position, and is to-day the broadest single branch of the healing art. In the last three decades this progression has been most marked. So rapid indeed, that though the public really know the fact, they have not moved their position toward dentistry in perfect unison, and are not situated in consonance with their knowledge. This is proven in that they will and do seek and accept the miserable service so largely proffered them by what are understood as "legally qualified dentists." A premium is thus placed upon such poor dentistry, which in the present legal condition of dentistry will not be removed, and colleges are encouraged to produce men able to measure to this standard. Indeed it would be a foolish waste of energy for our institutions of dentistry to produce better men than they do to-day, until there shall be a demand for them and an appreciation shown by the public in the fees they would be willing to render in recognition of their services. Men who would labor to attain, and who would be consecrated to true dentistry, in the highest and only proper sense of that word, would starve because of the present rating of it by the public. I would that we had better men, and I would that the colleges were constrained to produce them, but I feel that their efforts to do it will be futile, until a change is accomplished in the legal standing of dentistry, for matriculates are not to be easily found, willing to enter them to reach a point higher than that at which they will be received by the public; and that too, when they know that the diplomas they will receive, though reading "we do most freely and most fully grant and make sure all the peculiar rights, honors, and privileges pertaining to said degree, both among our own and all nations," do no such thing.

Ask your colleges for a higher standard of education, but protect them first by a higher law.

The old idea so long harped upon by our advanced reformers to elevate the standard of dentistry and educate the public up to such standard has proven itself useless. We have talked and taught these things to our patients until we are sick of the repetition, and they know all about it to-day, but will not use the knowledge. That they possess the knowledge, is evinced in the temporary use they make of it, when they desire to in discussion; or when interested in a lawsuit against a dentist for supposed malpractice. The day of graduation for the public is here. They should be forced to make this temporary use of knowledge their permanent and constant use, and to approach the dentist with other ideas of the scope of his powers,

than the simple ability to fill a tooth, to extract a tooth, or to insert a plate.

A consideration then of the relation of the public to dentistry, exhibits an utter lack of appreciation of true dentistry, and a blocking of the way to a higher standard of education and practice, by the want of legal standing to dentistry.

We come now to the relation of dentists to dentistry.

This is by no means the least important item to which I shall direct your thoughts this evening. In the relation of dentists to dentistry we should find great unanimity, but here we do find the utmost lack of harmony. There are those who practice dentistry in accordance with the definition of Webster, and they are legion; and there are those who make it mean an immensity for the alleviation of human suffering as a portion of the healing art, and they are few. Some claim that dentistry is but a specialty of medicine as other specialties are, as practiced by physicians; and that no man should practice it except in this way, and with an M. D. to his name; that D. D. S. is the badge of partial culture and that the dentist is utterly incompetent except he be a graduate in medicine: and these reach after the M. D. as the all needful. Of this class some few are united in an effort to make dentistry a synonym for "oral surgery." Some on the other hand, claim that dentistry is an independent profession; and point to its colleges, its literature, and its societies, etc., in support of such position. What are we to believe of ourselves in the face of all this discord? Is it not truly time for dentists to give to dentistry but one signification? I know that if you feel on this subject at all, you feel that it is. What then shall it be? I believe that a calm, competent, unbiased consideration of the claims and teachings of all these factions referred to, warrant the conclusion that dentistry is a part of the healing art, or in true language, a medical specialty; but with the proviso, that it is not a medical specialty as we think and speak of medical specialties. It is the greatest of them all, in that the teeth, in their relations with the economy through the influence they exert on nutrition. develop an illimitable field of pathological study impossible to be involved in any other specialty.

This greatness coupled with other intrinsic peculiarities has made it a specialty peculiar in its study, and peculiar in the means by which its truths obtain expression in service. So peculiar indeed that we are really justified in thinking and speaking of it as an independent profession; and the public and physicians should be made to so acknowledge it, by our securing a legal standing for dentistry.

But in efforts directed to this end I believe it should be clearly and distinctly understood by all, -dentists, physicians, and the public, that dentistry as so put forward for protection and legal standing, includes nothing in its rightful limits but the teeth, and the near and remote lesions connected with, and having an influence on those organs; that the dentist does not desire to dabble with oral surgery, or any surgical or medical aspect of the system which is not connected with the teeth; but in the scope here plainly defined, he has all the latitude he desires; all that properly belongs to him, and as much as one man can in a lifetime deal with correctly. sonableness of allowing the peculiarities of dentistry to stamp it as separate is easily seen, in that no medical college in the world ever has or ever can teach it as the other specialties are taught,-to one and the same class of students, to be graduated as general practitioners of medicine, and to elect their specialty for practice at a subsequent period. To attempt such a thing would be to produce men unqualified either as physicians or as dentists. The student is not, who has the time and money, or who could stand the mental strain of such a course. This cannot be said of any other specialty, for of the others the contra has been proven. No! No! Those electing to practice dentistry must study dentistry in the breadth I have named, and seek to know it from "a" to "z,"-must seek to be worthy of D.D.S. and let the M.D. alone, for that title can add nothing but general training which is only of value as we gather it in its direct relationship to dentistry, and not in its relationship to general medicine.

If you think that the possession of the title M.D. in addition to D.D.S. has a moral effect upon the public in your favor,—try it, and you will be undeceived in a moment, as others have been. Let the physician of your patient tell him something relating to dentistry contra to what you as a dentist tell him; and then argue with him as to what more could that physician know than you know, seeing that the physician is an M.D. only, and you, in addition to being an M.D., are a D.D.S. also, and my word for it he will believe and follow every time his physician's advice.

A consideration of the relation of dentists to dentistry therefore has developed, that they need to make it mean the treatment, by the use of manipulative and medical means, of the teeth and the near and remote lesions connected with or having an influence on those organs; that they need to have this meaning *recognized* by law; that they need to have those, who empirically assume to know all about dentistry and who really know nothing, prevented from

interfering with the profession; and that these things are only to be accomplished by securing a legal standing for dentistry.

In speaking of the relation of dentists to dentistry, I have in a measure disposed of the relation of physicians to dentistry, for I have shown that they are not nor cannot, with M.D. only, be dentists or know of dentistry, any more than are or can dentists, with D.D.S. only, be physicians or know of general medicine.

That physicians do not appreciate this point, as their intelligence and common sense ought to cause them to, is made manifest by such expressions, as that which emenated lately from the editor of the "Medical Record." It was as follows: "Laws are being enacted in nearly all of the states which to a greater or less extent limit the practice of oral surgery, or of dental surgery as it is sometimes called, to the graduates of dental colleges, thus practically throwing the treatment of an important region of the body into the hands of men who in most instances have not a sufficient medical education. Physicians are themselves much to be blamed for this state of things since they have long been in the habit of relegating the treatment of diseases of the mouth to the "dental profession."

This sentence can also be considered as an unguarded acknowledgment from an unexpected source of the importance of the portion of the economy, on the care of which is based the claims of dentistry as a branch of the healing art.

As dentistry is such a branch, and as physicians, unless dentally educated, know but little, and that little indefinitely, in regard to it, a legal standing should be secured to dentistry which would teach them the truth which they try to teach us when they say in reference to a circular issuing from the Chicago Dental Society, urging the establishment of a section on oral and dental surgery at the International Medical Congress to be held in Washington in 1877; and urging the removal of restrictions now in force excluding from the meetings dentists except those holding the medical degree—"No! there is but one door into the profession of medicine and that is through the medical schools. Let there be no laxity on this point."

They too should have a lesson to learn,—that there is but one way into the dental profession and that is through the dental schools; but to have it so we must have a legal standing imparted to dentistry.

Before I enter upon the last topic,—the relation of the law to dentistry,—permit me to recapitulate and sum up what I have thus far briefly developed.

It has been shown that the name of our profession—dentistry—sadly needs to be defined, that its mention may produce the same conception in the minds of the general public, of physicians, and of dentists.

It has been shown that the public need to be forced to think of dentistry as they think of the services of a physician.

It has been shown that colleges need to be encouraged to produce only men competent to thoroughly treat any dental trouble.

It has been shown that dentistry needs to be made to mean the care of the teeth and the lesions of the body connected with and influencing them.

It has been shown that physicians to be qualified to practice dentistry, or to advance opinions in dental matters, ought to be required to be graduates in dentistry.

And, it has been shown by intimation that these needed reforms are only to be secured by securing a legal standing to dentistry.

In view of these facts the relation of the law to dentistry can now be intelligently considered.

We sometimes flatter ourselves that we have dental laws protecting dentists, and that dentistry at last has a legal standing, but I have placed your minds to-night in a channel of thought which if followed will convince you, that such unction is but a fickle dream. It is a seductive deception. The laws that are, are full of faulty enactment. We need these corrected and others with more extensive powers passed. There is in fact no protection for dentists to-day, and dentistry as a profession is without legal standing.

Let me read a portion of the present laws of this State,-"It shall be unlawful for any person, except regularly authorized physicians, and surgeons, to engage in the practice of dentistry, in the State of Pennsylvania, unless said person has graduated and received a diploma from the Faculty of a reputable institution where the specialty is taught, etc." I see no valid reason for the exception here embodied. It is an error and an injustice that has been too long suffered. We cannot afford to place dental powers in the hands of men dentally incompetent, in one direction any more than we can afford to do it in another. Though it is but a step toward the real issue, I most heartily endorse the resolution adopted by the National Association of Dental Examiners at a meeting held in New Orleans. "that in the opinion of the association a diploma from a reputable dental college should be considered as the only evidence of qualification for those who seek in the future to enter the dental profession."

Let us all unite to carry this opinion forward and nail it fast by securing a legal standing, and in addition by securing, if possible, a legal definition of the scope of dentistry, for this seems to be the only way to get the matter definitely settled. We may claim for it what we please, and make it mean what we please; but the public and physicians have just as fair right to their definition and opinion, and to their construction of its powers, as we have to ours. Somebody must decide or the war will prove interminable. Why not the legal authorities? When the law says so and so, is so, no one questions. Let us present to it, then, the definition of living concrete dentistry, and demand that cause shall be shown why it may not be declared the legal standing of the profession; and in the absence of convincing testimony against it, pray for the decree to be so entered. The public will then be forced to take what they need, not what they are willing to accept; colleges will be encouraged to produce but proper men; dentists compelled to obtain a complete knowledge of their profession alone; and the bone of contention removed forever from physicians.

Another legal error needs correcting. The law has declared dentistry to be an independent profession by sanctioning a peculiar and separate degree-D.D.S.-to be conferred upon those supposed to be fitted for practice. At a subsequent time the law has confirmed her previous opinion, in permitting the enactment of laws to regulate the practice of dentistry. But, no provision has been made by which, in cases terminating fatally while under the care of a thus legally qualified dentist, he may be enabled to close his connection with the case with dignity and safety to himself and to his profession. The law which causes him to qualify if satisfied in what she considers as qualification, should not fail to perfectly protect him. Legally qualified dentists should be enabled to deal with their cases eventuating in death (rare though they may be) with the same dignity and safety as can the physician deal with his. As it is now, a death thus occurring is a case for the coroner, with physicians' testimony accepted on dental practice, and an opportunity offered for slander, opprobrium, and reproach to be unjustly heaped upon the innocent, and upon a noble calling.

This should no longer be tolerated. The law that has twice declared the independence of dentistry should be called upon to ratify her assertions and speak a third time to make that independence complete and sure.

How the legislation, to secure such legal standing for dentistry as I have described to you in my paper, is to be attained, is not my

province here to suggest, for the perfection of the method will require the best thought of many minds, but the time is ripe and the call is for action. Will we merely talk of it or will we act? This is the question for every man in my presence to-night, and in the profession at large, to answer promptly.

### DO CHALYBEATES INJURE THE TEETH?

BY THOS, S. SOZINSKEY, M.D., PH.D., PHILADELPHIA.

In an article which appeared recently in the DENTAL PRACTI-TIONER the statement is boldly made, that iron introduced into the system has a destructive effect on the teeth. The idea is certainly new to me. Of course, I am aware that certain preparations of the metal are generally believed to have injurious effects on the organs, if allowed to touch them.

If it be true that iron, when introduced into the system is destructive of the teeth, physicians may be justly held to be accountable for considerable of the dental caries so deplorably common in recent times; for during the last thirty-five years it has been very extensively prescribed. Indeed, there are few articles of the materia

medica more largely used.

I have said that the idea that iron, apart from any direct effect it may have, is indirectly destructive to the teeth, is a novel one to me. I opine that it is novel to almost all physicians. I do not remember to have met with anything about it in the course of my reading; and it has never obtruded itself on me in practice. In order to learn whether or not my confreres in the medical profession are in the same state of ignorance as myself I addressed the question, with one related, to distinguished professors by whom the drug is extensively prescribed.

The following are the questions:-

1. Does iron in any form introduced into the system have a destructive effect on the teeth?

2. Does the tincture of iron injure the teeth by contact with them?

The replies of Prof. D. Hayes Agnew are as follows:

"1. Iron in any form does not."

"2. Unless care is exercised in washing out the mouth after using the tincture, the teeth may suffer, if the article is continued for several weeks in succession."

Says Prof. J. M. Da Costa:-

"I have always supposed that iron in itself was not injurious, although the new preparations of the tincture, long used might be."

I need not present any more evidence to show that I am not the only physician walking in darkness.

But after all I am disposed to think that the teeth do not suffer from the introduction of iron into the system. It is a constant constituent of the human body. Physiologists even regard it as a vital element of the blood; and it is found in the gastric juice, bile, milk, urine and other secretions and excretions, as well as in the pigment of the eye, the bones, muscles and other parts. And do not traces of it exist in the teeth themselves? Hence, when iron is introduced into the system, it cannot be viewed as a foreign, or temporary element. It assuredly has usually a very beneficial effect when administered to the anæmic and debilitated.

Our dentist may here remark that although the addition of a certain amount of iron may, under certain circumstances, be beneficial, the presence of an excess of it may be harmful. Of course, and a very little of it, in truth, is sufficient to cause a congestive headache and other troubles, in some. Still, it is believed that one cannot readily cause the absorption of an excess of iron. Says Phillips: "The blood will not take up more than a certain amount, and will protect itself by non-absorption, rather than by elimination." (Materia Medica and Therapeutics, v. ii, p. 142. Wood's Library of Standard Medical Authors, Series for 1882). The salivary and other glands of the mouth do not eliminate it largely.

However, if any dentist can advance sufficient, or even any, evidence that iron is indirectly destructive to the teeth, I hereby call on him to do so. I am ready to be enlightened; and so, I may venture to say, is the whole scientific medical world. N. B. Mere assertions are not wanted.

As appears from what has been said, the tincture and other preparations of iron are believed to have injurions effects when brought into contact with the teeth. The sulphate and the tincture of the chloride are open to such charge, but I think "reduced iron" and some other preparations are not. The sulphate is rarely given in liquid form; and hence the tincture, being the liquid preparation most extensively used, is the one which is the source of most injury to the teeth. I have no doubt but that the daily use of it will tend to soften and corrode them and markedly promote their decay, if it be not well diluted and the mouth well rinsed out after using it. Exposed dentine will yield much faster than the enamel. And here I may quote the statement of Ziegler: "Decalcification of the dental tissue

precedes the carious disintegration." (Pathological Anatomy and Pathogenesis, Part ii, p. 245. Wood's Library, Series 1884). Muriatic acid will certainly do that. I may or may not believe with Klebs and others that micrococci and bacilli may do it as well as the rest. However, the agent varies in its degree of destructiveness in different cases, the teeth of some being far more susceptible to injury than those of others. Besides the acidity of the tincture is variable.

A word about the tincture. When prepared according to the directions given in the U. S. Pharmacopæa of 1880, it should not contain any nitric acid; but it not infrequently does. More or less muriatic acid is always present. It is made by adding sixty-five parts of alcohol to thirty-five of the solution of the chloride of iron, and should stand for three months before it be used. The solution is defined in the Pharmacopæa to be "an aqueous solution (with some free hydrochloric acid) of ferric chloride, containing 37.8 per cent. of the anhydrous salt" (p. 196). In its preparation from iron wire, hydrochloric (muriatic) and nitric acids and water are used. The purpose of the nitric acid is to cause peroxidation.

I think, then, that the injurious effects of the tincture of iron on the teeth are mainly, perhaps wholly, due to the presence of the acid, or acids. In the real officinal article there should be muriatic only.

The acidity lessens with age and muriatic ether is developed.

There can be no doubt that muriatic acid will speedily destroy the teeth. I have found that an incisor placed in half a drahm of it becomes entirely dissolved in five days. Of course, if the acid be diluted sufficiently it will have comparatively little effect in a given time. The presence of any of it in the mouth could hardly fail to be harmful. I am aware that some dentists do not entertain this view. Dr. Garretson may be cited as an instance. Referring to nitro-muriatic acid and the tincture of the chloride of iron he says that he "has come to be reasonably well satisfied that they are not such sources of offence to the dental organs as is generally inferred." He "founds this conclusion on an extent of observation that would seem to render it entirely reliable." He asserts that the occurrence of caries while these agents are prescribed is explained by "the conditions prescribed for." (Oral Surgery, p. 267, Phila. 1873). The excellent Doctor's statements are in the main mere assertions; and I see no reason to accept them as entirely true. The question is simply whether or not muriatic, or nutric acid, will decompose one of the constituents of tooth-substance, namely, carbonate of lime. If diluted it will act less energetically and quickly. Says Hunter,

whose work is the fountain-head of scientific dentistry: "When a tooth is put into a weak acid the enamel to appearance is not hurt; but on touching it with the fingers it crumbles into a white pulp" (The Natural History and Diseases of the Human Tooth. Palmer's

edition of his works, London, 1835, v. ii., p. 15).

The experiment of placing a tooth in a drachm of the tincture of iron recently made indicates that the degree of disintegration is limited. On the tenth day little change save staining and a slight softening of the cementum, is noticeable. The tooth is of good quality. Of course, were the tincture renewed twice or thrice daily, more action would follow in a given time, because considerable free acid would thus be kept present. This happens in the use of the article.

A saturated aqueous solution of the sulphate of iron appears to have very little effect on the teeth, one which has stood in it for ten days is somewhat stained but is apparently not otherwise affected.

The above experiments were made in a room at the temperature of from 60 to 65 degrees. Of course, at a temperature of 98½

degrees chemical action would be more active.

I need hardly say that one would not expect the effects of agents on the teeth to be the same on living ones as on those removed from the mouth. Vital action is a resisting force. The enamel of the teeth, however, is in a very passive state. Says Dr. Bond: "The enamel is a crystalline mineral substance and possesses no vital organization. Consequently it is quite as liable to be acted upon by chemical agents while in its normal place as it would be when separated from the body." (Dental Medicine, p. 39, Third Edition, Phila., 1863). This is an extreme statement. Enamel contains some organic matter, say two or three per cent. (See Kirkes' Handbook of Physiology, v. 1, p. 57, Eleventh Edition. Wood's Library, Series for 1885). Hunter stated the matter correctly long ago: "It would seem to be an earth united with a portion of animal substance." (Op. cit. p. 15.)

The remarks which preceed are presented chiefly by way of suggestion. One might dwell at length on many points to advantage, as for example the condition of things shown by the microscope. I commend the whole matter of critical experiments and observations on the effects of preparations of iron, and other agents, on the teeth, to the attention of dentists. Those made by Dr. Wescott with different articles are not refined enough. (See Am. Journal of Dental Science, Sept. 1843. The substance of the article is given in Bond's Dental Medicine, Third Edition, 1863). Certain experiments of Dr. Smith, of Edinburgh, are referred to by Dr. Bartholow, as proving that "the acid and astringent preparations of iron act on the teeth with considerable energy." (Materia Medica and Therapeutics, p. 118, Third Edition, Phila., 1879). Much definite information is yet needed. Meantime while waiting for a modern professor of dental hygiene to appear and teach us the effects of chemical and other agents, we must live; so I must turn to the past for a little wisdom. I remember—and it will do for the occasion—that Paulus Ægineta tells us, among other things, to carefully avoid "such substances as set the teeth on edge." (Works, edition by Adams, v. 1, p. 39, London, 1844).

### THE DENTAL PRACTITIONER.

CHAS. E. PIKE, D.D.S., L. ASHLEY FAUGHT, D.D.S.,

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### EDITORIAL.

### ERRATA.

In May number, page 104, for excellent, read exultant.—105, for Ireland, read Finland.

### DENTAL SOCIETIES.

The American Dental Association will meet in Minneapolis, on Tuesday morning, August 4th, 1885, at 10 o'clock.

GEO. H. CUSHING, Sec'y.

The Pennsylvania State Dental Society meets at Cresson Springs, Tuesday morning, July 28th, 1885, at 10 o'clock.

W. H. Fundenberg, d.d.s.,

Cor. Secretary.

The Annual Meeting of the National Association of Dental Faculties will be held at the Sherman House, in Chicago, at 11 o'clock A. M., July 31st.

C. N. PEIRCE, President. H. A. SMITH, Sec'v.

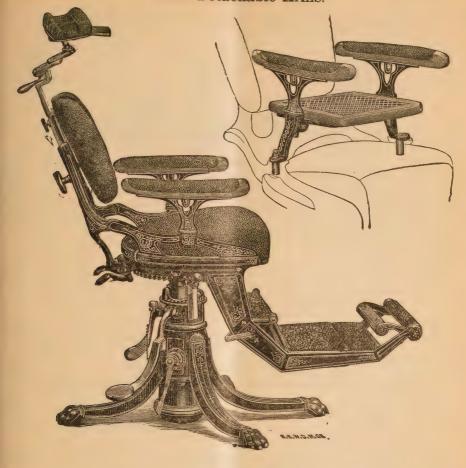
### ARTICLE VII OF THE CONSTITUTION.

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Prepared by M. S. NICHOLS, Dentist, Laboratory at Central Village, Conn.

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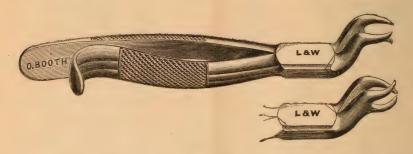
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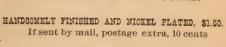
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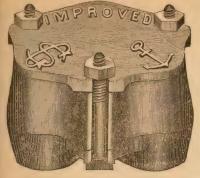
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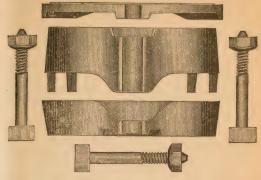
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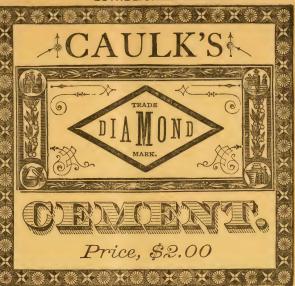
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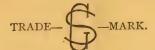
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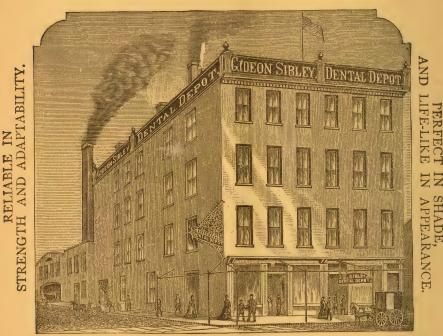
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A MONTHLY JOURNAL OF DENTAL SCIENCE.

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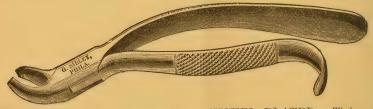
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# Dental Practitioner.

MONTHLY JOURNAL OF DENTAL SCIENCE.

Vol. III.

PHILADELPHIA, JULY, 1885.

No. 7.

### A CASE IN PRACTICE.

Death of the Pulp in a Perfectly Sound Tooth from an Unknown Cause.

BY H. H. EDWARDS, D.D.S., MADRID, SPAIN.

Description and habits of patient :--

Age, 29 years; married; of a nervo-bilious temperament; very regular habits; a smoker; takes a fair amount of fresh air daily; health in general, good, though not of a robust constitution; slight build; brown hair; blue eyes; twenty-seven sound teeth standing, one tooth the pulp of which—the trouble in question—is dead; the two upper first molars and the right lower first molar were extracted when a youth; the third left lower molar not yet erupted. He had regular good health until five years ago, when rheumatism intervened, resulting in fever. During the last five years has lived in England, United States of America, France, and Spain, in which latter country he now is, having been located there for two years. Teeth, strong, dense and upper incisors naturally separated. Profession, dentist.

History of the tooth in question :-

The left upper lateral incisor. Originally it articulated inside the left lower cuspid; at 12 years of age it was brought outside, and into its proper line. It was always a little longer than the central incisors and lay in position slightly oblique from the median line. Until date the patient never had any suffering whatever in said tooth. Towards the tenth day of intense pain it became slightly loose and elongated.

Circumstances attending the first paroxysms:—

About six weeks ago, while at breakfast, he happened to place the tip of the tongue against the lingual portion of the festoon of the gum, and experienced such an intense—as it appeared to him—excruciating nerve-pain, that, until examination proved to the contrary, he believed it must have arisen from an exposed pulp beneath the margin of the gum. Such was the character of the pain.

The appearance and condition of the gum:-

Both lingually and labially the gum appeared perfectly normal. Throughout the duration of pain the labial surface never presented hyper-sensibility, while, on the contrary, lingually it was acutely sensitive, though unattended by any redness or swelling.

Progress and duration of pain:-

The progress was an upward one, gradually augmenting until the patient was driven by it to undergo the operation.

The duration of the pain was twelve days, only ended by the operation.

During the first few days the tooth ached when the tip of the tongue or any food in mastication was brought in contact with the lingual surface of the gum, or by the contact of anything hot with the tooth itself. Pressure did not affect it. About the sixth or seventh days a peculiar "welling up" pain recurred at intervals, as if the nerves of the pulp exhausted themselves, and after a rest of a half hour or so regained fresh energy or sensitiveness; these attacks were absent during the night, On the tenth, and especially the eleventh days, these paroxysms became more frequent and so intense as to become unbearable; they would commence with a slightly itching pain and within a minute would assume such a full, bursting pain as though the tooth must split unless some relief offered. The pain confined itself to the left side, never passing the median line, and embraced every tooth, especially the one in contact—the left lower cuspid—and extended to the left temple.

Remedies applied:—

As it is proverbial that shoemakers wear the worst shoes, etc., etc., so dentists as a rule, when in full practice, in the same ratio neglect their own teeth. Simply through want of time, and looking forward to the vacation when their teeth can be thoroughly attended to, they are apt to put off the evil day. In this case it was so, and the only remedy he tried that had the slightest effect in calming the agony was cold water, which, the moment it was brought in contact with the offending tooth, caused the pain gradually to decline and for a period to entirely disappear. Direct

upward pressure would to a degree alleviate the pain, but lateral pressure aggravated it.

Ultimate results:—

On the twelfth day he noticed that the tooth had turned a purple-grey color, so then sought professional aid and had the pulp-chamber drilled into and opened up from the lingual face. The pulp was found congested, and was exceedingly painful during the operation of cleaning the canal. Chloride of zinc was injected, and so it remained for two days, when the root was filled with cedarwood, dipped in plastic oxy-chloride of zinc—which root-filling, by the way, I have tested, and have several on a two-year record doing well—then when the soreness had passed off, the coronal cavity was plugged with gold.

Prognosis:-

At the present moment the tooth is firm and has not given the slightest trouble, being nearly a month since the operation. I thoroughly believe, though perhaps contrary to the theory of Dr. Sexton, that it will subserve its purpose and do good work for many years to come. Of course its fate will eventually be the fate of all so-called "dead" teeth, but I think we should be rejoiced to know that we have saved one more tooth from the immediate fatal clutch of the forcep.

What caused the death of the pulp?

- 1. Dental caries? No.
- 2. A blow? No.
- 3. Excessive heat or cold in contact with tooth? No.
- 4. Cracks in the enamel? No.
- 5. Pulp nodules? No.
- 6. Reflex irritability from functional derangement of the stomach? No.
  - 7, Atmospheric changes? Possibly.
  - 8. The effects of rheumatism? Probably.
- 9. Reflex irritability from non-erupting lower third molar? Possibly.
  - 10. The effect of having been regulated? Query.
  - 11. Peridental irritation? I think not.

The foregoing diagnosis reduces the lesion to five possible causes.

Observations and enquiry:-

The case was certainly one of acute pulpitis, which by neglecting remedial means ran on to chronic pulpitis, and, no doubt, by the frequent use of cold water—not making it "persistent"—

hastened on congestion. The pain was first felt around the lingual portion of the gum, thereby suggesting peridental trouble through mechanical or chemical injury. Upon examination for any cause, as, for instance, a fish-bone or bristle from tooth-brush, etc., made almost immediately, no trace of such was found. I have in my own mind dismissed periodontitis as being the cause, because the pain, in the first place was only felt on the one side, and there was perfect exemption from pain—upon pressure—upon the other. Also, I doubt if acute periodontitis could exist for ten days without a loosening or elongation of the tooth taking place. That the pulpitis produced periodontitis I have no doubt whatever, because, on the last three days the tooth actually was loose and elongated, which state continued during the two days after the root was filled.

The influence of atmospheric changes—and I may couple with that the fact of having caught cold in the tooth—may, I think, be also dismissed, on the ground that, although the winter here has been exceptionally severe, with great variations in thermometer and barometer, still, the worst changes were past at the time of the trouble. On account of the sudden and persevering character of the attack, I rather attribute it to some local or systemic cause.

Let us see how the "reflex irritability from a non-erupting lower third molar" fits. The molar is on the same side of the median line, at least, I believe it is, for there being no indication of its presence, I conclude it ought to be—and no inconvenience whatever has been experienced. Again, by the sudden and persevering character of the attack, I can understand a non-erupting tooth causing trouble either to its fellow tooth or teeth, in its effort to erupt, or even to produce a chronic state of things elsewhere; but if the lesion was brought about by a state of chronicity, I take it that pain, or at least uneasiness, would have given some warning weeks or perhaps months beforehand.

Well, let us try and fix rheumatism as the cause producing the lesion. Dr. Garretson says in his Oral Surgery, page 361, paragraph 1, "In a constitutional direction, rheumatism is, perhaps, the most frequent source." He is speaking of teeth, perfect or seemingly so, but he does not state how such a state of things is brought about, neither does he give the characteristic symptoms arising from such a cause. Of course one can understand the effect of rheumatism, as in this case, covering a period of four or five years, depressing the nervous system at large, and no doubt weakening the heart's action; but why, I must repeat, the sudden and persevering character of the attack, after so long a period? Why that

particular tooth and no other? It is the pathological tooth, I admit, but chronicity, on this supposition, would surely be established, and a warning given before death of the pulp could take place.

Lastly, I would ask my professional brethren, through the indulgent means of the DENTAL PRACTITIONER, whether they have on record any teeth that have been regulated-not after twelve years of age-giving trouble through the mechanical interference with nature's work? Or is it possible, in the course of being pushed out at a sharpish angle, so to twist the apical portion of such a tooth that the passage for the nerves and blood-vessels of the pulp has become constringed, thereby creating a state of affairs mischievous enough at any moment to strangulate the vessels and so cause a rapid death of the pulp? In this case the exploring probe showed the apical portion of the root to be so bent. I may add that two experienced members of the profession have examined the tooth but have not been able to diagnose the cause, though they have treated similar teeth in their practices. Two of such instances I have lately seen, being the two lower central incisors in the same mouth.

What I want to know is, with all the above history at hand from which to deduct facts, what should cause the pulp of an apparently unblemished tooth to take on active inflammation and to die. after a good record for, say twenty years.

### AN IDEAL.

### BY W. R. MAIL, D.D.S.

Every one finds it impossible to avoid having an ideal. As the word indicates, it pertains to an idea or thought; it is created by and exists only in the mind.

We write with the hope, at least, that the ideal we shall here try to present may, at no distant day, be attained—that the *ideal* may become the *real*. But we may look for its realization only when understanding and appreciation take the place of error and misjudgment, when success will not be measured by dollars and cents, when competition will be based upon a high standard of work rather than upon a low scale of prices, and when dental services will receive a general appreciation commensurate with their importance.

It is a marvel that the work of the dentist is often so lightly thought of—a profession "which is the necessary result of an enlightened and refined civilization," and one which is "acting in concert with an advanced state of medical science." We do not deny but that there are many in the profession who are at fault, but the public are too ready to generalize from the few, and hence very frequently reach an unjustifiable conclusion.

The time of a correct estimate of us as a profession will not come before we ourselves have a high appreciation of our position, and prove by the manner in which we pursue our calling that we are worthy of respect and confidence.

Every dentist who aims at the highest perfection of his art should strive for a goal far beyond that which is generally understood by "operative and mechanical dentistry," for this but opens the gate to a broader field, whose intricate paths he may any day be called upon to tread, and whose illimitable windings are mysterious workings of disease that only awaken to health at the touch of skill and education.

Dental surgery of to-day means something more than the saving of the natural teeth and the supplying of artificial ones, for surrounding this intricate nucleus are blood-vessels, nerves, etc., extending in every direction. How important, then, the increased knowledge and the requisite ability to take charge of all pathological conditions of the mouth and its surrounding parts.

Many other of the various elements of success must combine to the realization of my ideal. That which stands for education should include refinement and should also "beget a taste for like accomplishments in others." To be and not to appear should be the motto of every dentist. He who speaks of a dentist should speak of a learned man, and not of one who ought to be learned. We will have reached the Pisgah when the time comes in which it will be recognized as a crime against society to undertake a work for which one is unqualified, and when he who does so will be rightly judged as ignorant or devoid of principle or conscience, when the words "quackery" and "malpractice" will have become obsolete. Society, out of its own knowledge, is incapable of judging between service and abuse, and hence demands that the physician whose carelessness or incompetency causes the loss of an eye or produces a deformed limb shall be punished. Why should not society also demand that an educated judgment stand between communities and probable dental abuse, making the operator who wilfully sacrifices a set of natural teeth, or even a single tooth, amenable to the same law?

When success will not be guaged wholly by standing in society, but will be the recognized result of merit. While the dentist should not sacrifice professional dignity by using society as an advertising medium, yet he must not ignore its claims upon him. More is expected from the enlightened and educated than from the less fortunate, whose opportunities forbade equal self-culture.

When the dentist shall consider scrupulous cleanliness and refined courtesy as indispensable; and when character, which is the embodiment of all the virtues of honesty, faithfulness, purity of mind and life, and all else that is good, shall be deemed as requisite.

When the public will understand that good services cannot be rendered for inadequate remuneration; when the *best* that can be had is recognized as the *cheapest*, and when custom shall have made it obligatory on the part of the patient to keep an engagement or remunerate for loss of time.

When dental skill will not be expected to successfully combat the persistent abuse and carelessness of the patient, and when none will expect impossibilities in the form of restoring to health organs beyond the hope of redemption.

When dentistry will be regarded as a specialty of medical science, and the dentist is placed upon the same platform with the oculist, the aurist, or any other specialist. The division of medical science is a necessity in this age of investigation and progress. The shortness of life makes it impossible for a single mind to grasp all that pertains to the nature and treatment of the multitudinous ills that flesh is heir to. Dentistry is a division of medicine, a specialty—it is not and ought not to be considered as an independent profession. The processes of inflammation, hypertrophy, atrophy, degeneration and new formation do not essentially differ whether they occur in the mouth or in another portion of the system. Then does it not of a necessity follow that we cannot consider general pathology as distinctively medical or dental? Our ideal demands the recognition of dentistry as a branch of medicine. It holds that the dentist must receive the degree of M.D. before he is properly fitted to begin his work. It further claims that if the dentist must receive the M.D. before he is recognized as of the fraternity, the physician should get the D.D.S. before he is qualified to extract or otherwise interfere with the teeth. All things are measured by the amount and value of the service they render mankind. We would see dentistry widen its views and maintain equal respect with the time-honored institutions of medicine. It is growing, but in comparing its claims for honor with these time-tested institutions, we do not hesitate to say

that dentistry has much to accomplish before it is tacitly and unconsciously awarded a position co-equal with the great departments of medicine. It must abandon its system of exclusiveness in its educational institutions. The sooner dental colleges as a distinctive class are abandoned, the better it will be for the future interest and greatness of the profession. Much more might be said, but we close, indulging the hope that the day is almost at hand when we will be "measured by what we can do rather than by what we can tell."

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Clinic of Prof. J. E. Garretson.

REPORTED BY ROBERT S. IVY, D.D.S.

CASE I. EPITHELIOMA OF THE TONGUE.—The case brought before the class was one in which the central lateral portion of the tongue was involved, the part presenting a purplish-red color, having associated with it the giant granulations and ragged appearance so frequently met with in epithelioma of a cancerous nature, In addition to the usual signs of this disease, knowledge of hereditary cancer in the family of the patient assisted in determining the diagnosis as to its character. Lingual epithelioma frequently arises as an abrasion; palliative treatment being given by rounding off cusps and irritating points of teeth. Division of the lingual nerve and ligation of the lingual artery are also practiced with a view of retarding the progress of the disease. Where this treatment is decided upon, the incision for dividing the nerve is usually made on a line drawn from the middle of the crown of the third lower molar to the angle of the jaw. The nerve lies about half an inch from the tooth and the anterior pillar of the fauces; by entering the point of a knife, therefore, into the mucous membrane, three-quarters of an inch behind and below the last molar tooth, and cutting down to the bone, the nerve must necessarily be divided. With a view of temporarily retarding the growth, thus checking its development, the lingual artery may be ligated; the same treatment may also be resorted to as a means of preventing profuse hemorrhage. One location to do this is in the digastric triangle of the neck, where the artery lies beneath the hyo-glossus muscle. An incision at a point one inch from the symphysis of the chin to a level with the hyoid bone, and prolonged upwards towards the angle of the jaw, will relieve a flap, which when raised exposes the lower border of the submaxillary gland. This being drawn up, the central tendon of the digastric and posterior edge of the mylo-hyoid muscles are seen with the hypo-glossal nerve, and a vein lying across the hyo-glossus muscle. These being drawn aside, the fibres of the hyo-glossus muscle are divided horizontally about a quarter of an inch from the hyoid bone, and the artery is seen and ligated.

The manner preferred by Professor Garretson is to ligate at the point where the vessel runs beneath the hyo-glossus muscle, immediately above the greater cornua of the hyoid bone. Feeling for this extension, the cutting is commenced by an incision running inward from the anterior border of the sterno-cleido-mastoideus. parallel with and just above the horn. The tissues to be gone through include the skin, platysma-myoides muscle, superficial fascia, deep fascia. Arrived at this locality, the hypo-glossal nerve is found directly in the line of the cut overlying the hyo-glossus muscle, the lingual vein being in immediate relation. Supporting these vessels and covering the artery is the muscle named. This is to be incised, a director being used.\* Radical extirpation of the involved portion of the organ being decided upon, the écraseur was employed as the means of instrumentation. First procedure consisted in distending the jaws, a screw-gag being placed between the teeth, on the side opposite the seat of operation, for this purpose. A strong ligature was next passed through the anterior portion of the tongue and held by an assistant, to secure control and bring forward the organ so as to bring it into more convenient position for operating. A bistoury was then thrust, from the under side, in the direction of the raphe, through the healthy tissue, followed by a silver probe threaded with strong silk; to the short end of this was attached one end of the ecraseur. It is customary in an operation of this character, where a complete section of the tongue is removed, to use two chains, the ends of each being pulled through the incision and the ligature withdrawn. In this case, however, the ligature was drawn tightly around the healthy tissue, anterior to the diseased portion of the organ, thus compressing the vessels. A heavy curved needle, similar to an aneurism needle was next passed deeply through the underside of the tongue, behind the seat of the disease, and used as a pin of transfixion. The chain having been passed around this pin and the ends attached to the handle of the instrument, it was gradually tightened until the posterior portion of the growth was severed from the healthy tissue, the operation being completed by cutting away the growth

<sup>\*</sup>A cut showing the relations of the lingual artery, and giving the above description of the mode of its ligation, appears on page 744 of Garretson's Oral Surgery, 4th edition.

anteriorly close to the ligature. The astonishing vitality of the human tongue to recover after severe operations was exemplified in the case described, the patient being discharged from the hospital after three days and shown to the class one week later, trace of the operation being almost imperceptible.

CASE II. RANULA.—The patient, an elderly woman, appeared with a tumor the size of a walnut occupying the sub-lingual groove. One of the most common causes of such enlargements is closure of the duct of Wharton, the sub-lingual gland thus being unable to discharge its secretion, distends, retention of the fluid resulting in the formation of a globular mass. From pressure upon the growth its contents appeared to be of semi-solid consistency implying that it had been comparatively slow in formation. This impression being confirmed by the patient, who stated that it was first noticed twelve months previously. Treatment consisted in making an incision through the overlying membrane and pressing out the thick, jellylike mass. The wound was afterwards approximated and held in position by silver ligatures, a perforated shot being compressed on either side; a tent introduced formed an artificial opening. parts were stimulated to recovery by applications of tincture of myrrh and capsicum, and the sutures subsequently removed.

CASE III. OSTEOMA OF THE INFERIOR MAXILLA.—The operation in the case presented was performed two years previously, at which time the lady had the greater portion of the left half of her lower jaw removed. The object in bringing her before the class was to demonstrate the completeness of the operation performed, and the importance of retaining as much of the periosteum of the bone as possible, it being the organ of osseous regeneration. After a lapse of two years the whole of the part removed, with the exception of the alveolar process, had been re-built and formed a firm basis for an artificial denture. Attention was also drawn to the absence of disfigurement, the line of incision being only perceptible upon close inspection, and the expression of the face unaltered. The operation consisted in the cutting away of an osseous tumor extending from the root of the cuspid tooth along the outside of the body and halfway beyond the angle up the ramus of the bone. The growth was ivory-like in density and complete extirpation was only to be obtained by removing the greater portion of the bone itself. A vertical incision was first made on the median line to the under border of the bone and continued along the base to its angle, the integuments being drawn up previous to the cut so as to avoid all appearance of

after scar. The coronary and facial arteries, being divided in this incision, were ligated, exposure of the bone being obtained by dissecting away the overlying parts and raising the flap.

A small circular saw, revolved by the surgical engine, was next introduced, and by its skillful manipulation the section of bone included between a point one inch above the internal angle and the anterior dental (mental) foramen, and bounded below by a line drawn one-fourth of an inch above the base of the bone and terminating at the same points, was removed; a rim of healthy bone with its periosteum being left undisturbed, thus preserving the continuity of the jaw and the contour of the face. Subsequently the flap was laid back and the parts carefully approximated and held in position by sutures. Union by first intention being obtained, the lady rapidly recovered and was discharged from the hospital.

The oral service being concluded, the class had the opportunity and advantage of hearing a lecture by Prof. Garretson, on cancer of the female breast, which was concluded by an operation in which the mammary gland, together with seventeen of the lymphatic system lying in the axillary and sub-clavicular regions, were removed.

### DENTAL RHEUMATISM.

BY DR. CHAUVEAU,

Translated for the DENTAL PRACTITIONER from the Revue Odontologique de Belgique by Mrs. L. A. F.

Under the influence of the arthritic diathesis, the fibrous alveolodental membrane is susceptible of becoming the seat of inflammatory lesions which we can observe in other tissues of the same class, and which we classify as rheumatic troubles.

We believe that this has not yet been noted, but it well merits the attention of physicians, and nothing in this view should surprise us, if we reflect upon the constitution of the alveolar membrane. We therefore give a short description.

Normal anatomy and physiology of the fibrous alveolo-dental membrane.—The roots of all teeth, temporary and permanent, are enveloped in a membrane, thin and whitish when in a healthy state, to which has been applied different names, as alveolar membrane, alveolo-dental membrane, peridental membrane, and dental periosteum. By its internal surface it adheres solidly to the roots, while its ex-

ternal surface lines the internal surface of the alveolar cavity. It extends from the neck of the tooth to the apex, being continuous on one side with the gum and the maxillary periosteum; and on the other side with the envelope of the vasculo-nervous plexus as far as the dental canal where it is lost in the periosteum.

It consists of cellular tissue whose elements are not fully developed: amorphous matter and embryonic elements in great quantity, stellate bodies, and a few fully developed laminating fibres. Numerous capillaries and nerve fibres ramify throughout this membrane.

That which distinguishes the osseous periosteum, properly speaking, is the absence of elastic fibres, and an imperfect state of development of the fibrous elements.

In the embryonic view the alveolo-dental fibres result from the transformation of the follicular sac into the radicular enveloping membrane. When the tooth breaks the sac in which it was born and begins to erupt, the torn follicular wall contracts with the gum and with the maxillary periosteum, from adherences which will remain permanently.\*

In the physiological view, the dental periosteum fills towards the parts which it envelopes a double role.

First. It makes sure the vascular circulation between the alveolar wall and the cementum in the operation of replantation, as in all varieties of dental grafting; it constitutes the only agent of cicatrization, for it is by its intervention that vascular communications are re-established.†

Secondly. It unites the tooth to the bone, filling thus the role of an intra-articular ligament, and it is to its solidity that we must attribute all the resistance which we encounter in the extraction of teeth.

Historical. The disease which we are considering has already been studied under one of its best known forms, the chronic-progressive form, but we believe that no one has yet seen the intimate relation which exists between the disease and rheumatism of the joints, nor has it been considered as a simple rheumatic manifestation, justifying the same general and local treatment, as all other manifestations of the same order.

Different authors have given different names to this chronic form, drawn from its predominent symtoms. Jourdain calls it Con-

<sup>\*</sup>Researches on the evolutions of the dental follicle in mammalia, (Journal of Anatomy and Physiology of Robin and Pouchet, 1873-79-81.)

<sup>†</sup>Sometimes also nervous communications themselves seem to be re-established, and perhaps at some future day we shall present some cases of the kind which will not be among the least curious examples of the restoration of the nerves.

joint suppuration of the alveolus and gums. Joirac, inter-alveolo-dental pyorrhæa. In 1861 Marchal made a communication to the Academy of Sciences, in which, considering the malady as a special affection of the gingival tissue, he termed it expulsive gingivitis.

Lastly. Magitot viewing the anato-pathological characters and considering it determined the destruction of the periosteal membrane and of the bed of cementum which is dependent upon it, designated it as *alveolo-dental osteo-periostitis*. This designation means nothing, for all chronic periostitis causes the destruction of the periosteum and of the cementum, and, whatever its cause would have right to the name; moreover it tells us nothing either of the etiology nor of the specific nature of the malady.

. We may remark also that the affection designated severally as gingivitis-expulsive, alveolo-dental pyorrhæa, alveolo-dental osteo-periostitis, being but one form of a more general affection, ought not to be considered as a morbid entity, nor treated as such.

For the same reason, neither should the denuding of the roots, commonly called the recession of the gums, be considered as a special malady having right to a special designation, for it is merely a lesion caused by rheumatismal periostitis, and consequently belonging to the pathological anatomy of this affection.

Etiology. The dental manifestations of arthritism are produced under the same conditions and from the same causes as all other articular or visceral manifestations. The law of heredity is generally observed; cold, damp weather is often a predisposing cause. I have had patients who succeeding a sudden chill, have been seized with articular pain, and at the same moment with dental rheumatism; very often the sojourn in, and sometimes even the journey through a damp place is prejudicial to these patients, they will have rheumatism and with it the tooth trouble; all of these persons should cover warmly the entire head but more especially the jaws, as others with flannel cover the articulations. Certain patients who suffered from progressive rheumatism of the extremities recognized that their hands and their teeth submitted in an equally sensible degree to atmospheric influences. Magitot mentions a lady who only suffered during the winter; the trouble ceasing almost entirely in summertime. The same author quotes another case, in whom the teeth had commenced to loosen, who was sent to Bagneres-de-Luchon for rheumatism of the joints. When the teeth grew firm without other treatment than the warm sulphur baths. We do not yet possess observations on the influence of climate but it is probable that it plays the same role as in the other rheumatismal manifestations.

During a visit to the island of Maurice, where rheumatism and gout attack almost all the families, I can state authentically the extreme frequency of the affection.

Sex appears to be without influence, for, in our clientele, we treat as great a number of one sex as of the other.

The inhabitants of cities seem to be as much exposed as those of the country.

People of all conditions are attacked by it.

We may observe it at all ages; but it is rare in infancy, and takes then either the acute or the sub-acute form. It is from thirty to forty years of age that chronic progressive dental rheumatism is the most frequently observed, and we shall find that it advances as does articular rheumatism according to the age. Stoutness, nursing, the menopause seem to be exciting causes. Continually striking at the same time as other manifestations of arthritism, whether cutaneous, or mucous (buccal and labial herpes, angina, laryngitis, gastralgia). In one case, that of a young girl of eighteen years, the malady, which in its entire duration was of the sub-acute form, started at the exact time of the appearance of an attack of asthma, whose relations with gout and rheumatism are well known. Magitot considers that diabetes and albuminuria are the most frequent causes of this affection. He says, even, that in glycosuria this phenomenon is constant, absolutely, and one of the primordial signs. Diabetes may exist at the same time as dental rheumatism, but the two affections depend much more on the same general cause, than does one Magitot has partly changed from this opinion; probably the analyses made at twenty years were not exact; the uric acid deposits which reduce the cupro-potassic liquor, without doubt were previously eliminated without sufficient care.

Pathological anatomy. In the acute and sub-acute forms, the periosteum alone is reached. If the tooth be then drawn, we can observe the injection of the capillary vessels; which injection is sometimes complete, sometimes limited, either to the whole or a part of one side; below the cementum is intact.

But in the chronic form, the disorders are not limited to the periosteum; the tooth itself is reached, that is the cementum, often even the enamel and the neighboring parts, including the alveolar cavity and the gum.

Pus, generally of a pale yellow color, begins to be formed, its appearance marks the commencement of the chronic progressive form. In these cases, the periosteum injected, either in irregular plates, or in its entire extent, is noticeably thickened, loose on the last reached points, and destroyed on the oldest points.

That which is remarkable in this progression and which completely distinguishes it from the ordinary periositis which always starts at the summit, is, on one hand, the starting point which is always around the neck near the gum; on the other hand, is its tendency to fix itself on one single point of the tooth; or on a single root of a many-rooted tooth, sometimes even on a single face of this root; as we often see it on the anterior face of the inferior incisor, and on the internal face of the palatine root of the superior molars.

The cementum immediately succumbs to the alterations consequent upon the chronic inflammation of its enveloping membrane. It is attacked with ostitis, then with necrosis, and disappears completely in certain parts.

The alveolar walls are reached at the same time as the cementum, and often are even destroyed before it.

The gum which is a continuation of tissue with the alveolar periosteum, is included, from the first, in its inflammation; gingivitis often calls attention to it before the appearance of suppuration, which causes Marchal to mistake it for the principal malady, while it is merely an accident from proximity.

The progress of the ostitis and necrosis of the alveolar borders, produces abscess and fistulous openings, upon one or the other side of the maxillary borders. Then, the destruction increasing, brings the complete absorption of the alveolar wall, and the wall which covers it. The root then appears denuded in part or throughout its entire length; it is "recession" as is said in the language of dentistry.

We may remark that the absorption of the alveolar borders sometimes proceeds with extreme slowness, and perhaps then is apparently unaccompanied by suppuration. That is why Magitot, who considered the presence of pus as a characteristic sign of osteoperiostitis, made of the denuding of the roots of the teeth a specific lesion, which he would attribute to another affection, but which he has never indicated to us.

Microscopical examination shows that the elements of the affected parts are more or less altered, that is to say, the layer of periosteum changed into a state of fibrous woof, thickened, and percolated with pus; with some irregular osteoplasts, showing that the osseous elements are destroyed.

Fungous masses often develop in the alveolar cavity, they are at the edge of the periosteum, and particularly at that part which is continuous with the vasculo-nervous fasciculi at its entrance into the dental canal. We generally notice that tooth attacked, in this affection which is, almost always, remarkable for its beauty is not otherwise subjected to disease; and patients have the chagrin of losing those teeth which appear to them to be absolutely intact, for they do not reflect that the crown is generally exempt from all trace of caries. Sometimes, however the pulps, compressed in too narrow a space by the fungus developed on the vasculo-nervous plexus, becomes gangrenous, small hemorrhagic nodules are developed, and we can then see the tooth take first a rosy tint, then a grey, and finally it becomes blackish. These changes of color are due to the penetration, into the canaliculi of the enamel, of the desintegrated elements of the blood; for several days the red globules retain their normal color, then the hemo-globine is decomposed and gives place to the black granulations of hemotosine.

We shall finally consider as a complication of gingival inflammation, certain caries of the neck of the tooth which are formed in the course of this malady.

Symptoms. The acute form announces itself by pain, which is exceedingly severe at the slightest touch, and also a slight projection of the tooth, which causes the closing together of the jaws to give extreme suffering. There is neither redness of the gum, nor alveolar suppuration.

The sub-acute form is not characterized by severe pain, but often a feeling of constraint, a disagreeable tension, is felt, that the patient attributes to inflammation of the gum, and which impels them to press the teeth tight together, to pass between them some instrument or else he tries to find relief by making the gums bleed. In truth the gums are included in the alveolar inflammation, and, on their free border appears a small reddish configuration a few millimetres in height.

The incipiency of the chronic progressive form is marked by purulent discharges; also by the expression of rheumatism, in its etiological sense, for so it was so termed by the ancients, and by it the meaning is conveyed perfectly, and better than by any other designation. In cases where the inflammation is violent the simple pressure of the lips or of the tongue, suffices to force from the alveoli a large quantity of pus; but generally it is necessary to press with the finger on the gum in order to bring to the neck one single drop, or perhaps sometimes a few drops of pale yellow pus.

Soon the intra-alveolar lesions produce a displacement of the tooth which will call to it the attention of the patient; they notice that one or more teeth change their positions, some vertically, some

laterally and some on their axes. Being forced from their alveoli or displaced by a pressure on one side of their roots, the teeth obey according to the resistance which they encounter; consequently they must take new positions. Gingivitis proceeds vertically, that is in the same manner as does periosteal inflammation, as we have seen it moving from the neck to the apex of the root. Perhaps it becomes intense enough to cause those complications, either mild, violent, or bloody which surround the neck of the teeth and immediately draw our attention.

The temperature of the mouth becomes raised to the level of the inflammatory focus. It is not constantly painful, but the spreading of the inflammation which occurs at one time or another, provokes continuous pain, excited by the pressure, which is severe enough to prevent sleep; it may even when its determining cause is the compression of the vasculo-nervous plexus, provoke extremely painful crises.

Progress. Dental rheumatism attacks indiscrimately any of the teeth, the incisors or the molars, the inferiors or the superiors. It is worthy the remark that the inferior incisors, which of all the teeth are seldomest attacked by caries are perhaps more frequently

than all the others attacked by rheumatism.

Its progress is analogous to that of the other rheumatismal manifestations, that is irregular, uncertain in its light forms; and on the contrary regular in the progressive form. In this latter form, in fact, the disease almost invariably follows, as does chronic articular rheumatism, a progress, either centripetal or centrifugal according

to the age of the patient.

Under the age of forty, the teeth first attacked are the incisors, the teeth approaching nearest to the median line. After forty years of age, especially when the disease starts at fifty or sixty years, the molars, the teeth farthest removed from the centre, are always uprooted the first. Thus we see that the only teeth that rheumatism attacks before the age of forty are the incisors; those which it attacks later are first the molars, then the pre-molars and last of all the incisors. Chronic dental rheumatism, then, proceeds from the centre to the periphery, or inversely from the periphery to the centre, according to the age. It is interesting to note that chronic articular rheumatism follow the same route. Professor Picot of Bordeaux, in his noted lectures on rheumatism expresses himself on this subject in the following terms: "In the subjects having attained the age of forty years and beyond, we gradually see the rheumatismal progression, advancing from the periphery to the centre, affecting at first, and in each hand the metacarpo-phalangeal articulations of the index and middle figures, striking then the other fingers; then the elbow and the shoulder, and to finally carry its action to the inferior members, following the same centripetal march."\*

With women at the epoch of the menopause, the disease strikes quickly in the manner of an acute affection and becomes general almost immediately. As Charcot has remarked, that with women reaching this age, chronic progressive dental rheumatism has often the same starting point and the same course.—(Union Medical.)

<sup>\*</sup>Picot. The great morbid progression, 1878.

### THE DENTAL PRACTITIONER.

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### EDITORIAL.

### THE CARE OF THE TEETH BY PATIENTS.

The aim of the art of medicine, and the province of the physician, is the restoration of health to a diseased body. The preservation of health in that body is the personal work of each individual. That health may predominate through life always requires the united effort of preservation with restoration,—of individual and of physician. He who, having been healed, neglects to properly attend to his duty in this matter is quite sure to add largely to the labors of his helper—the physician—and need his services in proportion to the dereliction.

As with the body at large, so is it with any portion; and the preservation of the teeth in a healthy condition will depend, not as many people seem to put it, upon the knowledge, skill or faithfulness of the dentist under whose care they have placed themselves; but upon these very essential elements, indeed, largely coupled with proper care of the teeth by the individuals themselves. Patients need to remember, and never forget, that the aim of the art of dentistry, and the province of the dentist, is the restoration of the teeth to a state of health, and that their preservation in this condition lies mainly with themselves. Eliminating for the moment, systemic influences, which when known can be controlled, patients will require new and renewed dental operations in a ratio directly corresponding

to their personal local carelessness. The best dentist in the land cannot, except under unusual circumstances, cope with the ravages of dental caries in a manner to meet his own desires and the expectations of his patient, unless aided by that patient giving proper local care to the teeth. Neglect of this point is the reason of the many disappointments so often met with in dental service, and the dental practice in which the patients are enlisted in the work with the dentist will be full of the highest satisfaction to both patient and operator.

Do your own part, O dentist, well, but see to it that your patients are firmly grounded in the gospel of water, brushes, floss-silk, tooth-picks, and dentifrices; and that this gospel is of the purest kind. Do not depend upon their general knowledge of these things or take it for granted that because they are every-day, commonplace articles, that your patients know how to select them, or how and when to use them. In every instance carefully elicit by question the knowledge possessed, and correct the errors, for they will be many. We believe it to be a fact that nine-tenths of those applying for dental service do not properly understand as they should these simple articles, and that all can be told something by the dentist which will contribute to a better and more thoroughly practical use of them.

L. A. F.

### EDITORIAL DIFFICULTIES.

The idea seems prevalent among writers for journals that the reception of a manuscript by an editor, and the transmission of it by him to the printer is all that is needed for an article to pass from an author and appear in type. In other words that an arbitrary "yes" from that individual prints it; and an arbitrary "no" prevents its appearance. Such however is not the case. There are many things in the make-up of a journal which require to be carefully considered by the one who guides the preparation of each issue for a current year. It is not easy work, even when an editor is permitted to consider these things untrammelled; but his labors are often needlessly rendered severe by contributors making unreasonable demands.

Many manuscripts are received with the intimation that if they are "not wanted please return *immediately.*" Now the return of manuscripts declined is a constant occasion of perplexity and trouble

to an editor. It is not always possible for him to find the time to read an article at once upon its receipt. It almost invariably is filed to fall in line behind the more urgent immediate business of the hour, and a few days may elapse before it reaches the top and comes up for careful attention. Even then the editor cannot always decide at the moment whether he can use the article or not. If he decides to return copy then another demand is created on his time as he is expected to communicate to the writer his reasons for declining it. It is truly with pleasurable feeling that an editor receives the direction sometimes found appended to papers—"if not wanted consign to the waste-paper basket."

Another aggravating difficulty is the instructions often received to "please print exactly as written." Often an article is good on the whole, but contains some one expression or allusion which unfortunately is inadmissable. Indeed it may be such blemish is entirely unintentional on the part of the writer, but the editor is powerless. He must publish it as it is, or reject it as a whole. If it were only possible to have ten minutes talk with the writer all would be well, but the one whose ideas are on the paper is many miles away, and the editor cannot think of entering into a correspondence to explain the matter.

Truly if an editor is worthy of the confidence of a writer, to publish an article at all, he certainly is entitled to an entire confidence.

L. A. F.

-A Paris correspondent writes to the British Medical Journal: "A farm at Charenton has furnished somewhat startling evidence of the transmissibility of tuberculosis from man to domestic animals. One of the farm servants, who was phthisical and too weak to undertake fatiguing duties, was placed in charged of the poultry vard. He grew steadily weaker and coughed incessantly, expelling a quantity of sputa, which the fowls were observed to swallow with avidity. In a few weeks the fowls began to die off. The owner of the farm sent one of the fowls to the veterinary school at Alford. M. Nocard found that the lungs and liver were infested with tubercles about the size of a pea, and of a grayish-yellow color. In a microscopic preparation there were numbers of bacilli. The fowls were killed and the poultry yard disinfected. A less honest farmer might have sent the tuberculous fowls to market, a probability which doubtless has been and will yet be, a certainty not always easy to discover. The danger attending the consumption of diseased poultry, or milk from tuberculous cows, indicate that a rigorous system of inspection ought to be organized for markets, farms and poultry yards."

### DENMAL SOGIEMIES.

### AMERICAN DENTAL ASSOCIATION.

The Twenty-fifth Annual Meeting of the American Dental Association will be held at Minneapolis, commencing August 4th, 1885.

The present prospects are that the meeting will be an unusually large one.

The railroad rates have been secured unprecedentedly low. Tickets for the round trip from New York to Minneapolis and return will be furnished for \$24.00. Round trip from New York to Chicago and return \$18.00. Round trip from Chicago to Minneapolis and return \$6.00.

At present it will be necessary for those wishing these tickets to secure them in Chicago. Later we may be able to make arrangements by which they can be secured at different points east. By sending check for tickets to Chairman of Committee of Arrangements the tickets will be promptly forwarded.

Negotiations are pending for rates from other points that the committee anticipate will accommodate all, and more definite information will be given in a circular sent to every member.

The hotel rates will be as follows:

West Hotel, \$4.00 per day; Nicollet House, \$3.00 per day; National Hotel, \$2.00 per day.

It is hoped that members having any new facts or ideas in regard to theory or practice will come prepared to present them in connection with the section work. Any one having anything new in the way of appliances will be given an opportunity to demonstrate their use during the half day that will be devoted to clinics.

### ATTRACTIONS AND EXCURSIONS,

Come equipped with guns and fishing tackle. While the interest and benefit of the meetings, the attractions of the trip, and the beautiful city where we meet are too well known to need special mention, it may not occur to all that they will find themselves in Minnesota in one of the finest of hunting and fishing countries. Minnesota is especially famous for its prairie chicken and grouse shooting, and its fine fishing grounds.

It is estimated that there are no less than 10,000 lakes dotting the state.

If one wishes a still greater variety of scenery, to see a new,

wild and picturesque country, to draw out the big brook trout, the black bass and the mighty muskalonge from the cold waters of the Lake Superior region, in fact to enjoy the finest fresh water fishing in the world, a round trip ticket from Chicago to Ashland and return will be furnished for \$10.00.

A still greater attraction (if one more were needed) is offered in shape of a ten days' excursion to the far famed "Yellow Stone National Park," immediately upon close of the Association, provided a sufficient number send in their names to warrent the securing of special cars and rates. The committee believe that when so far on the way as Minneapolis, many will wish to avail themselves of this opportunity of seeing the grandest scenery in the world. The entire expense for the round trip from Minneapolis, including rail transportation, Pullman sleeping car-fares, meals on Northern Pacific dining cars, hotel accommodations, five days in the Park, and stage transportation, will be \$120.00.

A circular describing the magnificent scenery in full will be sent to every member of the American Dental Association at an early day. Others than members who may contemplate going will receive the same by making application for it. Come one, come all, and bring your wives along. It will be a trip that ladies will especially enjoy. Those wishing to go to "Yellow Stone Park" will please send in their names at an early day that all arrangements may be speedily and satisfactorily completed.

For further information, address,

J. N. CROUSE,

Chairman of Committee of Arrangements.

2101 Michigan Ave., Chicago,

### NEW JERSEY STATE DENTAL SOCIETY.

The Fifteenth Annual Session of the New Jersey State Dental Society will be held at the Coleman House, Asbury Park, Wednesday, July 15th, and continue in session three days. Every effort has been made to make this particular session the most memorable of any heretofore held. Interesting papers have been promised from the most eminent in the profession, and the society membership have also contributed liberally. The clinics to be held will be made an important feature, and considerable time and attention has been given towards an exhibition of new and important surgical and mechanical appliances for use in dentistry. It is in contemplation

of giving a grand reception to the visiting members of the profession on one evening to be arranged for. The place is easy of access from everywhere; the cuisine the best; \$2.50 per day the rate; the location superb, within fifty feet of the surf; the hall for sessions attached to the hotel commodious and cool. Members of the profession are cordially invited.

CHAS. A. MEEKER, D.D.S.,

Secretary.

### PENNSYLVANIA STATE DENTAL SOCIETY.

The Seventh Annual Meeting of the Pennsylvania State Dental Society will convene at Cress¢n Springs, Pa., Tuesday, July 28th, 1885, at 10 A. M., and continue in session three days. Rates at the Mountain House have been reduced from four to three dollars per day to delegates and their families, dating from Saturday, July 25th, and continuing as long as desired. Orders for special excursion tickets will be issued over all lines of the Penna. and A. V. R. R.; usual excursion rates over other roads. Orders or general information can be obtained by addressing

W. H. FUNDENBERG,

958 Penn Ave., Pittsburg, Pa.

Cor. Sec'y.

### ODONTOGRAPHIC SOCIETY OF PENNSYLVANIA

The Annual Meeting of the Odontographic Society of Pennsylvania was held in the hall of the College of Physicians and Surgeons, May 19th, 1885.

The following officers for the ensuing year were elected:—President, J. R. C. Ward, D.D.S.; 1st Vice-President, C. A. Kingsbury, D.D.S.; 2d Vice-President, Chas. E. Pike, D.D.S.; Treasurer, Jno. N. Wunderlich, D.D.S.; Recording Secretary, Chas. E. Graves, D.D.S.; Corresponding Secretary, Alonzo Boice, D.D.S.; Curator, S.J.; Dickey, D.D.S.; Librarian, J. C. Macartney, D.D.S.; Executive Committee, L. Ashley Faught, D.D.S., Wm. A. Breen, D.D.S., I. S. Fogg, D.D.S.

CHAS. E. GRAVES, D.D.S.

Recording Secretary.

### BOOKS AND PAMPHLETS.

Medical Directory of Philadelphia, Pennsylvania. Delaware, and the Southern Half of New Jersey for 1885. P. Blakiston, Son & Co., 1012 Walnut St., Phila. Price, \$2.50.

The Directory with the above title-page is one of the most complete books of the kind it has been our good fortune to peruse, containing as it does nearly four hundred pages of such information that the writing-table or desk of a physician or dentist would hardly be complete without it. The first forty pages are devoted to associations-medical, pharmaceutical, dental, veterinary and miscellaneous. The information contained therein regarding these has evidently been obtained from those who were familiar with their objects and working capacity. The medical, pharmaceutical, dental and veterinary schools and universities all receive the attention to which they are entitled, their location, their sessions, the price of tickets and requirements for graduation are given so that any student could procure the desired information with the expenditure of a minimum of time and labor, as it can readily be referred to by reference to a well-arranged index. Hospitals, dispensaries, and homes, general and special, training-schools for nurses, laws relating to physicians, druggists and dentists; soup societies, charitable organizations, all have not only such information as is generally found in directories but matters of interest regarding them which the public desires to know. The full list of physicians, druggists and dentists practicing \* in Philadelphia, Pennsylvania, Delaware and part of New Jersey is really formidable. Truly are we a community of dyspeptics, to need so much assistance from those attendants upon human infirmities, as to support 2,000 physicians, 300 druggists and 300 dentists in this city of Philadelphia. The chemists, veterinary surgeons, electricians, opticians, and manufacturers of surgical and dental instruments also receive their share of its pages, and make the book as nearly complete as it is possible to make a volume of the kind. The publishers claim that it has been compiled under their immediate supervision and direction, and that neither time trouble or expense has been spared to render it correct and thoroughly representative. Buy the book. You will be sure to get a valuable acquisition to your desk.

C. N. P.

### THE

### Improved Wilkerson Dental Chair,

With Detachable Arms.



### PRICES

Best Quality Green, Crimson or Maroon Plush,	\$180 00
Crimson, Plain Turkey Morocco, or Leather,	180 00
n either color of Finest Plush, puffed with Plush, trimmed with Silk Cord, with Wilton Carpet,	200 00
Fancy Upholstery, puffed with Plush, trimmed with Silk Cord, with Carpet to match,	210 00
Embossed Turkey Morocco, Tan or Crimson, puffed with Plain Morocco, edged with Cord, with Carpet to match,	210 00
Cupid Pattern, Gobelius Tapestry, puffed with Plush and trimmed with Silk Cord, Carpet to match,	225 00
or Lateral Movement, add to any of above prices	
BOXING FREE.	

When Cash accompanies the order ten per cent. discount will be allowed.

### GIDEON SIBLEY,

13th and Filbert Sts., Phil'a.

We take this method of presenting to the Dental Profession

### NICHOLS' Carbolic Dentifrice,



Believing that no preparation was ever better adapted for the conservation of the health of the mouth and teeth. It is in fact mostly composed of Dental Medicines, prominent among which is **Carbolic Acid, or Phenol,** so combined with other medicaments that its objectionable odor and taste are hardly perceptible. This powder is saponaceous, and, though a great disinfectant and deodorizer, it is very agreeable to the taste, and imparts to the mouth and breath a prolonged sense of coolness and cleanliness.

It is a powder, soap and mouth wash combined.

Price for any amount less than ten pounds, put up in one-half,		
one, and two pound cans, per lb.	\$1	
In cans containing ten pounds or more,		80
In large size bottles for toilet use, put up in boxes containing		
one dozen each, with cork stoppers, - price per doz.	_	65
Same size bottle, with metalic screw top and screw cap, "		00
Same size bottle, with metalic top and slip cap, "	2	00

These metalic tops are all finely nickel plated and will not tarnish.

Will send bottles labelled or not, as may be desired.

Sample package sent to any dentist or druggist desiring to try it.

For a member of the profession to advertise to any extent, it is accounted unprofessional, but there is no way of advertising which pays a dentist equal to a good dentifrice, neatly put up with his business address for a label.

We append concluding sentence from a private letter, of which we have many similar: "I think your powder has no equal. My patients agree with me. For a label I put on my name and place of business only, and want no better advertisement.

\_\_\_\_\_\_, D. D. S., Boston, Mass.

Prepared by M. S. NICHOLS, Dentist, Laboratory at Central Village, Conn.

WHOLESALE AGENT FOR PENNSYLVANIA,
GIDEON SIBLEY,

13th and Filbert Sts. - - Philadelphia, Penn.

### Purpolene Varnish!



### Somerhing Rew!

Used in Varnishing plaster moulds for vulcanizing rubber, Dental plates, rubber stamps, &c., &c.

Imparting a smooth surface, without destroying any of the fine lines in the Mould.

PRICE. (including Brush) 25c. per bottle.

P. S. THE ABOVE IS NOT MAILABLE, and should be ordered with goods being sent by Express.



### J. M. EARNEST,

### MANUFACTURER OF DENTAL FILES,

OF ALL DESCRIPTIONS, WARRANTED EQUAL TO THE BEST MADE.

USUAL DISCOUNT TO WHOLESALE DEALERS.

FACTORY: No. 524 Sargeant Street, Philadelphia, Pa.

F. R. FABER, D. D. S.

### FABER'S MECHANICAL LABORATORY,

1320 CHESTNUT STREET.

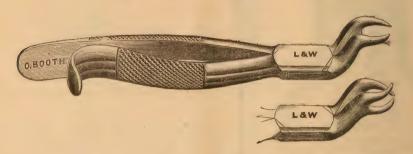
DENTAL MECHANISM EXCLUSIVELY OF THE FIRST CLASS.

Instructions given in Continuous Gum Work.

### LUKENS & WHITTINGTON,

### DENTAL INSTRUMENT MANUFAGTURERS,

626 RACE STREET, PHILADELPHIA, PA.



### THE O. BOOTH, OR THREE-PRONG FORCEPS

Since making sample pair of these Forceps for Dr. Booth, from his original pattern, we have had constant inquiry and demand for them, showing they have met the need long felt for a proper Forcep in Extracting Upper Molars, where the crown is broken, or partly broken away. The above cut gives a correct idea of their form, so that further explanation we feel unnecessary.

PRICE PER PAIR, N. P., . . \$3.00

### THE CARMICHAEL

### Universal Rubber-Dam Forceps

We are prepared to supply the above, adapted to the Carmichael Clamps, from suggestions and patterns furnished us by Dr. J.P. Carmichael. We have also modified them so they will do same work as the Bowman Allen Forcep, making them the most "Universal" R. D. Forcep offered.

PRICE PER PAIR, N. P., . \$2.50

man and the state of the state			Married and and	entrolerandi.	2.3%					
Plugger points for Bonwill Mallet per set,		à		4	a	4	A .			\$5.00
Electric Mallet Pluggers, per doz.,	4	a	æ	1 4	d	-	es.	a		\$15.00
Electric Mallet N. P. Sockets for S & L Points,	eac	eh,	4	d	at	' a .	41	a	4	75
Snow & Lewis' Automatic Points per doz.,	4	ai.	æ	at	4	d	d	-	æ	3.50
Barbed Nerve Extractors per doz.	d	ak	ell.	2	, a	æ	d	æ	d	75
REPAIRING.										
REP/	$\Delta L L$	SIIV	J							

Engine burs and Excavators per doz.,			ak	a	4	a		4	75
Pluggers, Ordinary per doz	d		, a	4	2.1	d.		4	1.50
Pluggers, Fine, per doz.,	i i		**	1 a	4	-	\$2.50	and	\$3.00
Forceps repaired and N. P. each,	à.		, 4		à	d		٤	60

### The Compound of Iodoform

For General Use for the Treatment of Pulpless Teeth, and for Capping Exposed Pulps, Etc.

PREPARED BY DR. WM. C. FOULKS.

Composed of Iodoform, Hydrate of Chloral, Acetate of Morphia, Chlorate of Potassium, Sulphate of Zine, and Oil of Cloves, Cinnamon, Cajepute, Eucalyptus,

Turpentine, and Glycerine, quant. suf.

This paste is free from objectionable odors, will not spoil or dry if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never alters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a number of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure-all," but one that will GENERALLY be amply sufficient for the permanent or temporary dressing of canals, and for capping pulps, etc. A circular, containing explanations and directions, accompanies each box.

Put up in \(\frac{1}{4}\text{oz.}\) wide-mouth glass bottles. Price per box, \$1.50.

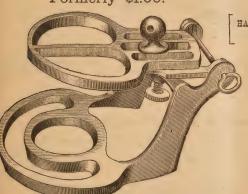
FOR SALE BY GIDEON SIBLEY,

Trade Supplied.

Philadelphia, Pa.

### No. 1 Articulator. Reduced in Price.

Formerly \$1.00.



Reduced to 90 Cents.

HANDSOMELY FINISHED AND NICKEL PLATED, \$1.50.
If sent by mail, postage extra, 10 cents

These Articulators are equal in all their fitting parts, to any \$2.00 Articulator, and are superior in weight, strength, and fittings, to any sold at \$1.00 or 90 cents.

We make but one grade, and that we make well.

### GIDEON SIBLEY,

Dental Depot,

13TH AND FILBERT STS., PHILAD'A, PA.

OUR RUBBER DAM is unsurpassed in quality. We have both the dark and light colored, and put it up in convenient form for use, in strips (rolled) 5 yards long and 6 inches wide, also 4 yards long and 8 inches wide. Medium thickness. Quality guaranteed. Price, \$1.50.

GIDEON SIBLEY.

### SAMSON RUBBER

MANUFACTURED BY

### EUGENE DOHERTY.

444 FIRST STREET, Brooklyn, F. D., New York.

WARRANTED TO BE

### THE STRONGEST & MOST UNIFORM RUBBER MANUFACTURED.

It is the toughest and most durable Rubber made. Vulcanizes same as ordinary Rubber.

### SAMSON RUBBER.



MANUFACTURER OF ALL KINDS OF

### Dental Rubbers and Gutta Perchas.

### PRICE LIST OF DENTAL RUBBERS AND GUTTA PERCHAS

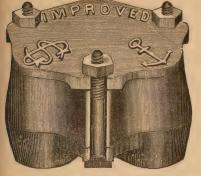
	FINOL L		PERIO	IL HOD	DEIIO AND GOTTA PENUNAS,	
No. 1 Rubber,	per lb.			\$2 25	No. 1 Weighted or Amalgamated Rub-	
No. 2 Rubber,	per lb.			2 25	ber, per lb	00
Samson Rubbe					No. 2 Weighted or Amalgamated Rub-	
Black Rubber,	per lb.			2 25	ber, per lb 4	00
Flexible or Pal				2 75	Black Weighted or Amalgamated Rub-	
Gutta Percha	for Bas	se Plate	s, per		ber, per lb 4	00
lb				2 25	Weighted Gutta Percha, per lb 4	00
Vulcanite Gutt	a Percha	, per. lb.		3 50	Adamantine Filling or Stop ing, pr.oz. 4	00

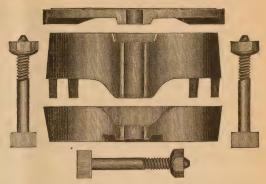
FOTE.—The above Rubbers and Gutta Perchas will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Denta' Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

### EUGENE DOHER'TY,

444 First St., Brooklyn, E. D., New York.

### IMPROVED S ANCHOR FLASK.





The above cut represents a Flask of our own make, it being greatly improved over the old style Anchor Flask, in many respects, as follows:

It is larger in size, and much thicker, weighing nearly two-thirds more.

It has much longer guides, and is so constructed that it is impossible for the bolts to slip, thus making it the most perfect and convenient flask in the market.

Any Vulcanizer measuring 3% inches in diameter, inside, will admit this flask easily.

PRICE, MALLEABLE IRON,	\$1.00,	postage,	25	cents
Extra Bolts, per set,	.25,	6.6		free.
WRENCHES,	10,	6.6		6.6

### FRENCH'S

### SELECTED DENTAL PLASTER.

6 quart, air-tight can,	\$ .70
12 " . "	1.15
16 " , " , " ,	1.45
24 "	2.00
Quarter-Barrel,	1.60
Half "	2.50
One "	3.50

We also keep slow-setting Plaster, which is preferred for Models and Flasking; at above prices. When sent by freight, porterage extra.

### LAWRENCE'S AMALGAM.

"The Old Reliable."

This Amalgam has received the endorsement of the Profession at large for over forty years, which would seem to render any remarks as to its excellence superfluous.

### Price, \$3.00 per ounce.

Purchase only of reliable dealers, their agents, or of the inventor and only manufacturer,

AMBORSE LAWRENCE, M. D.,

476 Columbus Ave., Boston, Mass.

### WATT'S IMPROVED META

### BETTER THAN ANY IN USE!

Six Ingots to the Pound.

Per Ingot, \$1.00.

Printed Instructions with each Ingot.

This metal is far superior to the well-known Watt & Williams metal. It is the result of diligent research, aided by abundant leisure, and long experience in the science of metallurgy. Watt's Metal is stronger and runs sharper than any in use, while it withstands chemical

action within the mouth better than 18 carat gold.

It has no equal for lower plates, gives a much better fit than rubber, celluloid, or gold, and is good conductor of heat and electricity. Weight is often advantageous; but if shrinkage is very great a base plate of the metal may be made, and the teeth attached to it with rubber or celluloid. Most beautiful upper or lower dentures may be thus made, and no other work has greater durability.

Molds may be made in almost any flask, but a glance at the cut of the Watt Flask will persuade any one to buy it who intend to use the work.

Ask your Dental Depot for it, or send to

RANSOM & RANDOLPH, Wholesale and Retail Agents, 83 JEFFERSON STREET, TOLEDO, OHIO.

### KING'S OCCIDENTAL AMALGAM.

PRICE REDUCED TO \$3.00 PER OZ.

5 oz. at one time, \$2.75 per oz.; 10 oz at one time, \$2.50. per oz.

This Amalgam has been before the profession in Ohio and Western Pennsylvania for some years, and all who have used or tested it, agree that it has merits over any other Amalgam in the

The process of manufacture differs from that of other Amalgams, and

### BY A NEW INVENTION

Dr. King is enabled to obtain better results, both in regard to COLOR, SHRINKAGE and EXPANSION, than is obtained in any other alloy in the market.

Test for color consists of sixty grains of Sulphuret of Potassa, dissolved in one conce of water. Amalgam plugs to be left in this solution twenty-four hours or more. The Occidental will remain bright after this test, and we know of no other Amalgam, at even double the price, but that will discolor. All who would use the best should buy it.

Ask your Dental Depot for it, or send to

RANSOM & RANDOLPH, Wholesale Agents, 83 JEFFERSON ST., TOLEDO, OHIO.

### 1885

### "OHIO STATE JOURNAL OF DENTAL SCIENCE !"

GEO. WATT, M.D., D.D.S., Editor, Xenia, Ohio.

Monthly, 48 to 56 pages, making 600 pages reading matter during the year, exclusive of advertisements, For Subscription price of \$2.00. Published by

### RANSOM & RANDOLPH, TOLEDO DENTAL DEPOT.

Dealers in every Instrument and Article used by Dentists and Surgeons. All the Leading Goods in Stock, and Supplied at Manufacturers' Prices.

A Large Stock of JUSTI'S and WHITE'S TEETH, and the WELL-KNOWN SIBLEY TEETH always on hand.

Address all orders and subscriptions to

RANSOM & RANDOLPH.

83 JEFFERSON ST., TOLEDO, OHIO.

### VON BONHORST'S

### ANÆSTHETIC.

We have recently purchased of Dr. C. G. Von Bonhorst, now of Pomona, Cal., at considerable expense, his tamous Anæsthetic and Applicator, with complete apparatus for manufacturing and putting up the same. This anæsthetic is so well known in this vicinity that we only consider it necessary to state that it is again in the market. As to its genuineness we refer to Dr. Von Bonhorst, who has sent all orders which have been sent him since he went to California to us. We call attention to a few of the prominent dentists who have used and can recommend the Anæsthetic,

Having used

Dr. VON BONHORST'S

### **ANÆSTHETIC**

from the time it was first obtainable to the present, I take pleasure in saying I consider it of great utility,

### Lessening

the Pain

incident to some of our most severe operations.

CINCINNATI, February 7th, 1884.

A. BERRY, D. D.S.

President of Mad River Valley and Ohio State Dental Societies



I have treated a score of

### **Exposed Nerves**

both those that follow excavating, as well as those exposed from decay, and

### Not One Failure.

All treated by the aid of your preparations.

D. R. JENNINGS, D. D. S., Ex-President Ohio State Dental Society,

My experience with your goods is similar to that of Dr. Jennings.

PROF. J. TAFT.

C. BRADLEY,
Dayton, O.

V. F. ELLIOTT,
Minneapolis, Kan.

I. WILLIAMS,

Ex-President Ohio State Dental Society.

The above illustration shows style of package and label-about two-thirds size.

Price of Anosthetic, per Bottle, - - - \$1.50.

Price of Applicator Reduced to - - - - - - - 1.50.

### SPENCER & CROCKER,

OHIO DENTAL AND SURGICAL DEPOT.

TRADE SUPPLIED.

CINCINNATI, O.

Send One Dollar for Sample set of "Sibley's" Teeth.

See Illustration on another page, of a few styles of "Sibley's" Plain Teeth.

Try a sample Package of Sibley's Gold and Platinum Alloy, which is the best.

Our Medium Rubber Dam is superior—none better in the market. Put up in convenient form, 5 yards long, 6 inches wide, also 4 yards long and 8 inches wide. Price \$1.50.

The Improved Anchor Flask, is the best in the market.

The "Eclipse" Rubber is stronger than most, and as strong as any. It packs and finishes easy.

Wilkerson, Morrison Student, Cycloid, Archer, or any Dental Chair can be ordered of Gideon Sibley.

The No. 1 Articulator has been reduced to 90 cents, (by mail 10, cents extra), GIDEON SIBLEY.

The Compound of Iodoform, should be in every Dental office. See advertisement.

### Dr. J. FOSTER FLAGG'S SPECIALTIES.

These "Specialties" are offered with the assurance that they are such as are progressively taught and used by Dr. Flagg, and that every lot of each material is tested and approved by him before being sold.

HAND-MADE GUTTA PERCHA STOPPING, (1/4 oz. pkge.) per oz.	\$5.00
"CONTOUR" AMALGAM ALLOY, "	3.50
"SUB-MARINE" "	2.50
"PLASTIC ENAMEL" (Nitro-phosphate of Zinc) . ½ oz.	2.00
OXY-PHOSPHATE OF ZINC, ("Non-deteriorating") "	1 00
OXY-CHLORIDE OF ZINC, per package,	1.00
PEPPER BAGS, (package of 20,) \$1.00. GLASS MORTARS, (properly ground	.) 75c.
GUTTA PERCHA AND INSTRUMENT WARMERS. (Drv-Heat.) \$4.00,	,,

FOR SALE AT DENTAL DEPOTS,

DR. FLAGG, 106 NORTH ELEVENTH STREET, PHILADELPHIA, PA.

### GEO. W. FELS, COHESIVE and SOFT GOLD FOILS

112 West Sixth Street, Cincinnati, O.

--- ESTABLISHED 1879.---

This improved SOFT FOIL will be found extremely tough; it is SOFT and KID LIKE, and can be brought to any degree of cohesion by annealing, thus combining soft and cohesive foils. By sending draft or Post Office order to the above address, we will forward without extra expense.

1-8 oz. at \$3.75, 1-2 oz. at \$14.00, 1 oz. at \$28.00.

This Foil can be returned if not as represented.

### PEIRGE'S HMALGAM.

RECOMMENDED FOR ITS

### PURITY, PERMANENCY, PLASTICITY.

This Amalgam is made from strictly pure materials and from the formula of Prof. C. N. Peirce It was first made by Dr. Peirce for use in his own practice, and has become deservedly popular with those who have been for some years constantly using it. Its color, edge-strength and toughness render it one of the the most desirable plastic filling materials, while shrinkage or expansion are not perceptible. Each package of Amalgam will contain a piece of specially prepared "Asbesting and the special of the spe tos Felt," with directions for its use as a capping for exposed pulps, or as a non-conducting septum between sensitive dentine and metallic fillings.

Price, \$4.00 per oz. Put up in ounce and half-ounce packages.

For Sale, Wholesale and Retail, by GIDEON SIBLEY.

### PHOSPHAME OF ZING GEMENT,

Dr. C. N. PEIRCE.

The properties of this Cement have been well tested, and not found wanting. It does not deteriorate with age. Directions accompany each package. It can be procured of dealers in dental supplies, and in quantity of the S. S. White Dental Manufacturing Co., Johnson & Lund, and of the Manufacturer, 1415 Walnut Street, Philadelphia.

Price, per Package, \$2.00.

Sizes

Liberal Discount to the Trade.

FOR SALE BY GIDEON SIBLEY.

### EDWARD ROWAN & CO.,

196 Third Avenue, New York,

"DECIMAL GOLD FOIL"	MANUFACTURERS OF THE				
"DECIMAL GOLD ROLLS"	Per ovuce,				@00 00
"DECIMAL ROLLED GOLD"	Per one-tenth ounce,		•	,	\$20 UU
	M - 1 D				3 00
"ROWAN'S IDEAL ALLOY"	No 9 "				16 00
"IDEAL CEMENT," with pigme	No. 2, " " 3.00;	6.	5.50;	**	10 00
Try some of our Rubber Dam,	hus, per package,				1 00
ary some of our rubber Dam.	In nandsomely decorated oin	Habt D			

Try some of our Rubber Dam, in handsomely decorated air-tight Boxes; new make; light colored and very tough, per box \$1.00. Per yard Medium, \$1.50.

S. H. GUILFORD, A. M., D. D. S., (Professor of Operative and Prosthetic Dentistry, Phila. Dental College,), has permitted us to state that he uses and recommends our "Gold Rolls."

Dr. H. J. McKELLOPS, of St. Louis, writes us, under date September I6, 1884, "you may use my name in connection with your gold with pleasure."

H. C. REGISTER, M. D. D. D. S., of Philadelphia, writes us, "You are permitted to use my name in recommending your gold, as second to none in the world!"

From CHAS. L. STEEL, M. D., D. D. S., of Richmond, Va., (Demonstrator Operative Dentistry, University of Maryland). "Dear Sirs;—Your last ounce of gold duly received and as usual works superbly. I have used many makes of cohesive Foil, but for some time past have confined myself to yours exclusively, as I find none other so near per-

GOLD ROLLS (Made from No. 4 Soft Foil.)



FOR SALE BY GIDEON SIBLEY.

### Second-Hand and Shop-Worn Goods.

ONE JOHNSTON DENTAL ENGINE with No. 2 Cone Jouanal Hand Piece, and No. 2		
Right Angle Attachment (with 20 points),	\$32	
ONE NEW MODE HEATER, complete, for Gas, with Flask, etc., good as new,	30	0
ONE SALMON AUTOMATIC MALLET, with two points, good as new,	7	0
One Conical Base Celluloid Apparatus, complete (good as new)	10	0
One BONWILL ELECTRO MALLET AND NEW BATTERY, with four Cells, complete in		
box, in perfect condition,	35	0
One S. S. WHITE WALL CABINET, (in good condition),	15	0
One S. S. WHITE EXTENSION BRACKET No. 2, good as new, (original price \$18.00)	10	0
Boxing on above goods extra.		

### GIDEON SIBLEY,

13th and Filbert Sts., Philadelphia, Pa.

ESTABLISHED OVER SIXTY-FIVE YEARS.

### CHAS, ABBEY & SONS,

No. 230 Pear Street,

PHILADELPHIA

### DENTISTS' FINE GOLD FOIL.

SOFT OR NON-GOHESIVE, AND GOHESIVE,

ALL FROM ABSOLUTELY PURE GOLD,

PREPARED EXPRESSLY BY OURSELVES.

### THE LEWIS

### NITROUS OXIDE GASOMETER



This Gasometer is believed to be the

### Best and Most Convenient

for the price yet produced.

Made of best Galvanized Iron, highly and artistically ornamented. All bright parts nickel-plated.

IT IS FITTED FOR EITHER A 100 OR 500 GALLON CYLINDER.

### Contains an effective Water Seal

PRICES.

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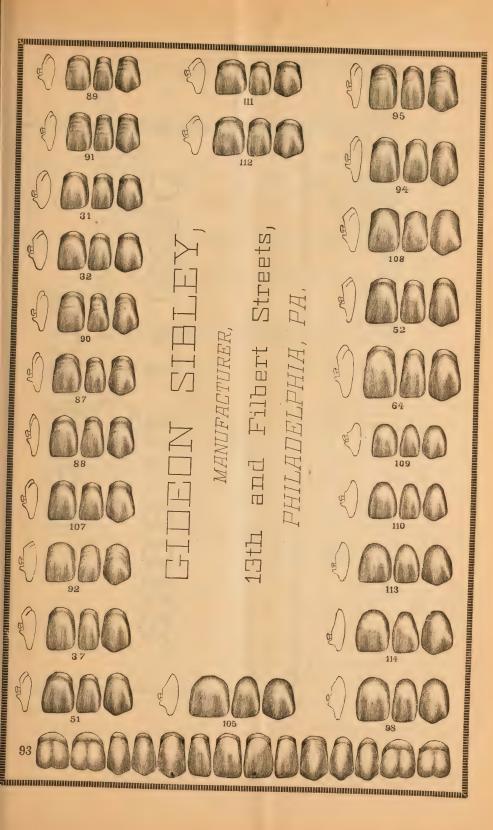
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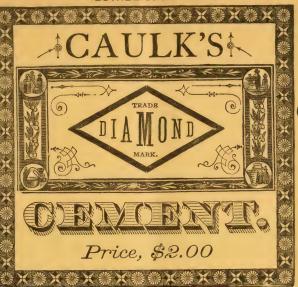
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### DENTAL PRACTITIONER.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., EDITORS.
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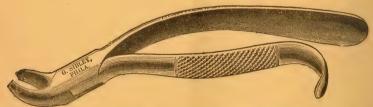
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### Dental Practitioner.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

Vol. III. PHILADELPHIA, AUGUST, 1885. No. 8.

### THE SYSTEMATIC DENTIST.

BY DR. M. A. WEBB, MARENGO, ILL.

I desire to express my views on the practice of dentistry from a systematic standpoint, and shall make use of a few of the more salient features to illustrate my remarks. Every one is aware that there is a right and a wrong way of doing everything. Why not apply this knowledge to our practice, for we also know that a systematic following of any line of work will soon lead to proficiency.

The great tendency is to be unstable in our theories, and in our conclusions regarding the best way of performing operations or of treating certain forms of disease. This must be overcome before we can become successful practitioners. One dentist will use one thing and his neighbor another. One will not use amalgam, and another will not use gold. As well may one surgeon refuse to amputate a limb and another offer to perform the operation for the same sufferer. What reason would there be in such practice as this? Would it show any system in the art of surgery? It would show that the medical profession had very unsettled ideas in such matters. System in dental matters covers not only the material but especially the methods of work. It is well for the young practitioner to become accustomed to one good way of doing things, provided it is recommended by good sense and is in accordance with the teaching of the college or preceptor.

Greater success will attend the practice of dentistry if pursued under this motto: "To become proficient in doing things a given way" until we are sure of some better way or material.

We are very apt at the present time to discard old and tried ways, good and familiar instruments, for new ones, especially when there are constantly being added to the already extensive and too often complicated instruments and machinery, so many new forms. We do it to keep abreast of the times. It is a false idea.

Take for example an operator who has a set of Abbott's pluggers and has used them so long that they are so familiar to his touch that feeling almost suffices in his selecting any given points, and suppose he sees and reads an advertisement proclaiming that Dr. Varney's pluggers are the only perfect ones, and sees in reading over the transactions of some society that Dr. —— says that the Varney pluggers are the only instruments fit to use, and that imperfect operations are performed with any thing short of these; and therefore, he discards his old friends with which he has done credit to himself and gets the improved (?) instruments.

A man will never advance in the profession, who is constantly changing. There are a few who can use anything to advantage, but they are few in number, and it will not be best for all to follow them, even though we may get really superior instruments by so doing, because the quality of our work does not depend so much on the instruments as upon the method of using them. It is better to select a set of instruments of known value, become accustomed to them, then to use them systematically.

Although a dentist may possess a set of fifty plugger points he will seldom use more than six or eight of that number, if they are properly selected; and these few are worth more to him than the remaining forty or more. Why? Because he is familiar with them and knows how to handle them. This assertion will be borne out by the experience of dentists generally, and will be found true of all other kinds of instruments, and to a certain extent of materials if we are systematic.

Some of the younger members of the profession began to study under a preceptor where gold in the form of the cylinder came into vogue. They saw their preceptor discard the leaf foil forthwith and begin the use of them because the "leaders" said the cylinder was the form of gold for filling teeth. The student consequently became accustomed to their use, and when he entered upon practice for himself he used them, and perhaps did beautiful and as perfect work as inexperience would admit. But the leaf foil worker comes to the front and says that cylinders will not make a perfect filling, even though his experience has been so limited that he knows noth-

ing of the truth of the matter. Forsooth because he fails to make perfect fillings with them, and would have been wiser to have continued the use of the leaf without trying the cylinders at all. His denunciation of them however has spread dismay in the ranks of the young and inexperienced members, and they discard the cylinder and the methods with which they are acquainted and begin the use of leaf foil.

All this points to lack of system which onght to be and must be overcome.

The successful dentist does not buy every new thing that may be invented. I do not wish to be understood as discouraging the use of improvements when they have become clearly proven to be such. But the fact that a thing is new does not make it superior to the old, and what may be useful and necessary in the hands of one may be the contrary in the hands of another. I have my set of instruments. My neighbor has his, they are not at all alike, and yet our operations may be equally perfect. One operator may use a dozen instruments in a given case, and another may not use more than half as many of the same kind, because he knows how to handle the fewer number with greater precision.

Therefore system means to select a set of instruments (as few as possible); to constantly use given instruments in given cases; to abstain from too many experiments; to make our instruments *the* instruments, and our way *the* way, at the same time having charity for others, and feeling that our way is the way only because we have perfected it by constant labor.

I cannot close without touching upon the worn subject of the manipulation of gold, and to intimate that success in this direction is to be reached only by system, which according to my theory would be to select a set of pluggers with points as universally applicable as possible to all cases; or possessing them, to learn to use them, with the greatest delicacy, as the artist uses his pencil, in working upon tooth structure. In filling, it is well to use entirely hand pressure within the walls of the cavity, and only make use of the mallet to harden the surface of the filling. Such a filling will stand the test of time better; and the pain and annoyance attending its insertion be much less than by the method of plugging and malletting by machinery.

The artist would not discard his favorite set of brushes, which he uses with such precision and in conformity with such strict rules, for a machine, run perhaps by electricity, because it would carry his brushes over the canvas with greater rapidity, and spread a greater quantity of paint in a given time, and yet this is what dentists are doing daily. They discard the delicate hand pluggers and the system of hand pressure for the electric or engine plugger, because they are told,—what? That they can pack more gold into a given space in a given time, and do it quicker than by any other method, regardless of the fact that they at the same time batter and check the walls of the cavity thus predisposing their early crumbling. This occurs often enough to become a settled fact beyond dispute, although there may be exceptions, depending on the skill of the operator.

Therefore, I say, choose some good way and then stick to it through thick and thin, providing you are following the dictates of reason and common sense.

Efficiency can only be gained by such a course, and the sooner we realize it the better.

When we feel that system brings success not only to the individual, but to the whole profession we will work in accordance with that belief. Using gold altogether or amalgam altogether is not system, it is bigotry, but to become accustomed to certain forms of those materials, and then to follow the method chosen until we are very sure of improving ourselves and our work by a change should be our aim.

### GOLD AND GUTTA-PERCHA IN COMBINATION.

BY H. H. EDWARDS, D.D.S., MADRID, SPAIN.

In reading the Dental Practitioner for the month of April, I was rather struck by an article headed "Gold and Gutta-Percha in Combination," being to my thinking—in these days when thoroughness should be strictly taught—as flavoring rather of a dangerous departure from good standard work, and likely to prove disastrous to any young practitioner, who, commencing with such advice, only afterwards wonders how and why his fillings failed, and finds he has a great deal to unlearn, and after a great waste of time and unnecessary experimenting on the teeth of his patients, to learn the methods which have stood the test of years regarding the filling of such crown cavities as Dr. Bassett describes.

The fledgling fresh from its cosy nest must commence to peck in the orthodox manner, else it will not thrive; when that art is ac-

complished and its crop is full, it may please itself whether it tries the same operation with one beak or uses its tail as a spoon. So the young man fresh from the care of his Alma Mater must commence to fill his "crop" by practicing orthodox teaching and when his rent is paid for two or three years in advance, he may then begin to "frivol."

There is no doubt that the theory or practice of combining gold with gutta-percha in crown cavities, leaving over-hanging edges is wrong, and should not be allowed to pass unchallenged, when many young practitioners look to the journals as to their current text-books; it is mainly for this reason that I hope Dr. Bassett will pardon me this criticism of his article.

My remarks do not apply to a practitioner settled in practice, thereby able—knowing his clientele—to experiment for the individual good of each particular tooth that presents; for I presume that such a practitioner has educated his patients to have confidence in whatever he does, though he fails in the result—honestly worked and hoped for. We all fail more or less. We are but dentists, and do not possess super-natural means for converting a decayed tooth into a state of things, stronger or better than the Creator established; and it is for this reason that I say, such combinations of gold and gutta-percha should essentially be left to the discretion of the established practitioner rather than to be taken up, in his early struggles, by the novice who depends upon the durability of his work for his existence.

Another idea presents itself, which is, that, that mode of procedure advocated must mean one of two things, viz: either a slipshod way of working, or a question of earning a fee quickly—both of which teachings are to be condemned, seeing that it or they are practiced at the expense of a patient, who, fully trusting you, looks for a conscientious equivalent for that trust reposed.

I was taught by the able Professors of the Philadelphia Dental College, that gutta-percha was not a reliable base for the thorough condensing of gold. Instances sufficient have since come under my notice fully justifying such teaching, and yet Dr. Bassett says that the gold cylinders can be condensed against the sides and bottom of the cavity formed by his process. I must admit however he does not say that the bottom of the cavity is to be covered with gutta-percha. That is in his favor. But why the sides? He says "the gutta-percha effectually protects the pulp from the shock of thermal changes, which is often unbearable when a filling is composed entirely of metal." Good. But I take it, that it is at the bottom of

the cavity where the protection is most needed; being necessary on account of its proximity to the pulp; and there it is he evidently places the metal intact. Surely it is an idea worked without thought or mechanical principles, and therefore misleading to the searcher.

I will just take the particular kind of cavity to which Dr. Bassett applies the "combination." It is a cavity with a small opening, extensive caries within and naturally having over-hanging edges of very doubtful material; these edges he cuts away only sufficiently to form firm margins, still leaving over-hanging edges on a masticating surface—the surface of all others where there should be no over-hanging edges. Of what value is a piece of over-hanging enamel which, in that bottle-shaped cavity, cannot have dentine to support it? Of what value a thin lining of dentine—if so be there is—the radiating tubuli of which, by the extensive caries—Nature's undercutting—are cut off from their base of supplies?

That is a case bad enough—where heroic cutting surely is the best practice; but worse remains—that already frail portion, only partially clean, is to be supported to withstand the force of mastication, with what?—a lining of gutta-percha! If the people possessing such fillings live exclusively on soft food, I presume such fillings may last a season; but the first time they run foul of a piece of bone, crust, pip, or what not, crack goes the over-hanging edge, and what then? The plug of gold losing its frail support of the enamel on one side, feels the strain, and naturally inclines toward the side *supported* by gutta-percha as being the least resisting—with what consequence? The consequences ever occurring from a combination of gold and gutta-percha on a masticating surface.

One of the claims, for the method, put forward is, that guttapercha has an advantage over any of the so-called insoluble cements as a foundation, "that should caries enter the tooth from other points so far as to reach the filling, the gutta-percha will not be dissolved away, and leave the tooth hollowed out ready to crush if any unusual strain is put upon it." There is something wrong there. I am sure that before "caries enters the tooth from any other point" it will already have entered around the margin of the plug; besides, if caries entered the tooth to such an extent as to threaten a sudden collapse, a thick or thin lining would not suffice to hold the tooth together or to prevent the loosening of the plug, for the simple reason, that when the supporting wall of dentine is destroyed by caries, the gutta-percha itself would give

out by the collapsing-force bearing on the plug as well as on the tooth.

If it is a question of tiding-over a sensitive tooth, and guttapercha is to be used, cut down your over-hanging edges and, at all events, clean well the walls and fill the entire cavity with the material, taking care to see the tooth from time to time and thereby keeping it full for the length of time your judgment dictates; and then-if it is secondary dentine that is expected and has formedby all means put in a plug, whether it be of gold or amalgam. If the former, a lining of oxy-phosphate or chloride of zinc at the bottom of the cavity-not the sides; or instead of the cement use tin or tin and gold, with which also the sides may be lined; but whatever is used let the metal be firmly condensed against the cleancut walls, for in that will be found the best resistance to any entering caries. If the latter, namely amalgam, is to be used I presume the cavity indicated is of such a size that perhaps it would be preferable to gold, put it in fearlessly with or without the cement at the bottom. and you may bet your bottom dollar on it that, providing everything has been done thoroughly, under the secondary dentine hardening process of the amalgam plug, shocks will not count.

I could enter upon and discuss at length many ways of filling teeth, if "economy of time" is the object, but economy of time unless practiced by an expert operator, I fully believe means deterioration of work, no matter whether practiced with plastic or gold.

Thanks to the excellent teaching of Prof. J. Foster Flagg I work as thoroughly upon an amalgam filling, when I clearly see that amalgam is indicated, as though it were the most expensive gold plug in the universe. Never let "economy of time" interfere with good, thorough work, and don't forget that an amalgam plug where indicated is worth ten times more than a gold one—in the same cavity; therefore take your time, and charge sufficiently to remunerate you.

I will conclude with one example of "economy of time" and its accompanying evil,—looseness of work—preached to me some few years ago, and practiced by a London dentist in full practice. The lecture I received from him one evening whilst sitting round the fire, after business. I may condense into the following:—"Excuse me, Mr. E———, but, really you must work faster; I plug from four to five teeth (holes?) in the hour. You only want to know how we do it to be able to accomplish the same feat. Drill out as many cavities as you think you can fill within the hour, and fill them—

without the rubber-dam—with oxy-phosphate cement. In a few minutes the cement will be hard, when you may take a cone burr about the size of the orifice, and drill a hole into the cement—not too deep—then take cylinders of gold and jamb them well in; working thus it is astonishing how many gold fillings you can get through."

But enough of such charlatanism, it was through a Providential illness that I was compelled to quit such questionable modes of practice and eventually was put in the right way by my Alma Mater, else without doubt, at this day I should still be economizing time by plugging holes in oxy-phosphate cement.

# INSERTION OF CROWNS WHERE ROOTS ARE MISSING.

BY C. M. SHARP, D.D.S., ITHACA, N. Y.

The insertion of a crown where the root is missing without a plate, clasps, destroying nerves in adjoining teeth, or resorting to modern bridge work, may seem hard to accomplish, but can be done in the following manner. A gold plate is swedged to cover the space and made long enough to lap well over on labial and palatine surfaces of the gum. Prongs are then soldered to the sides of the plate opposite the adjoining teeth, and the post for the crown in its proper position.

If there are fillings in the adjoining teeth, remove them. If no cavities, make them.

Thin dam is adjusted, leaving no gum exposed. Floors of gold are laid covering the cervical walls of the cavities. The plate is placed in position with the prongs projecting well into the cavities. With a forked instrument held in the left hand straddle the post and press the plate firmly against the gum, and hold in position until the operation of filling the cavities is completed. After the fillings are nicely finished, the dam is removed and a Bonwill crown adjusted in the usual manner.

In this operation there are no backings to interfere with the articulation, and where properly done it is practical.

## NON-SECRET PREPARATIONS IN DENTAL PRACTICE.

BY A. W. HARLAN, M.D., D.D.S., CHICAGO.

A recent editorial in The Southern Dental Journal on "Non-Secret Preparations in Dental Pharmacy," was very timely. It is about time that we should halt and look around, and see whether there are rocks ahead or not. If it be true that we are beginning to comprehend the causes of disease, it follows that we must have had a previous knowledge of anatomy and physiology. Without this, an understanding of retrograde metamorphosis is impossible. Keeping clearly in mind these facts, does it not further follow, that to prescribe intelligently implies an accurate knowledge of the physiological action of drugs, and a still closer acquaintance with therapeutics? I think few will deny this. In the retrospect of a somewhat varied course of study, included in which medical biography figures somewhat extensively, I fail to recall a single instance where the truly great and scientific physicians ever attained celebrity by prescribing "Bony's Cough Mixture," or "Whey's Sure Kidney Cure," or any other "panacea" or nostrum. While I admire the suavity and persuasiveness of the manufacturer of secret preparations, and the seductive style of his advertising, especially his kindness in forwarding a sample of his wares to the guileless and eyeless gudgeon (of whom there are too many, ) yet I cannot persuade myself that in prescribing such polyglot fluids or solids, that I am fulfilling the high obligation to my patient, to treat his case in accordance with the latest and best practice in the domain of scientific therapeutics. Has the time arrived when our labors in experimental medicine shall cease, when the vivisectionist will no longer evoke a wail from the departing spirit of a mangy cur, who dies in the interest of the prolongation of the life of man? Are the labors of the peers in medicine—the microscopists—to go on and discover the nature, order, and habits of life of the whole school of microorganism, and we doctors—the practitioners—be content to dispense "Jones' Sure Cure Lung Balsam," prepared for us by the energetic manufacturers of proprietary medicines, from a secret formula in their possession which states that "colocynth, krameria, cannabis, indicathica, and other well-known articles in the materia medica. are so combined in this elegant preparation that the practitioner need have no fear of the results, where K. and K.'s article is prescribed." I hope not. Physicians and dentists have themselves

to blame when no result is obtained from such unscientific prescribing. The dentist who recommends a secret compound in the treatment of diseased conditions, is a mere cipher, whose lot in life is not to be envied. What we want, and that more largely than we now have, is a host of earnest and enthusiastic original investigators. We do not desire second-hand recommendations, and when we prescribe any new combination of remedial agents, we should know the proportions of each constituent entering into the compound, and have a reasonably intelligent idea of the value of each grouping, so that there will be no incompatibles. The secret anæsthetics-mouth washes, dentifrices, and other preparationsshould be looked upon with disfavor, and their use discountenanced in this age of progress. The truly scientific therapeutist understands the physiological action of drugs, and from clinical observation is able to discern their value as remedies for the correction of pathological conditions. No successful practice can be conducted by the exhibition, in regular routine, of the many secret "panaceas and cure-alls" so largely advertised by the mere compounder. I hope, Mr. Editor, that you will wage an unceasing war on all manufacturers of compounds, specifics, patented antiseptics, anæsthetics, and other nostrums, until they are honest enough to come out and show clearly the component parts of the compounds offered us. and we, on our part, promise to give them a fair trial, and will testify to their merits, when encomiums are justified by clinical observation. Dentists,—generally of little experience—are such goodnatured gentlemen that they find it hard to refuse to testify to the virtues of almost any new compound which is presented to them for trial; hence we see many absolutely worthless instruments, cements, alloys, drugs, and other appurtenances of a dental office, bolstered up by a long list of names of those who have long since ceased to use or have anything to do with the article so certified to. Occasionally a gentleman has the courage to withdraw first recommendation-too hastily given-but the damage has been done; the innocent purchaser and his patients suffer, and the progress of dental science is hindered. Such fulsome and laudatory letters testimonial have the obstructive effect to prevent intelligent and valuable efforts being made by the beginners in practice. They accept the recommendations of those of their seniors who are addicted to the wholesale writing of such letters, and their own budding genius and growing aspirations are checked, and from such trifling cause we have the great majority of mere machines—routine practitioners. And the public say: "Ex uno disce omnes." - Southern Dental Journal.

## The Inadequacy of our Resources in Operative Dentistry.

F. W. SAGE, D.D.S., CINCINNATI.

A few years ago some one invented this maxim for the guidance of operators, "a tooth that is worth filling at all is worth filling with gold." The saying became the sheet-anchor of many aspirants to high rank among operators. What difficulties had to be surmounted in order to preserve a reputation for unvarying consistency no one who has tried to discard all other filling materials needs to be told. If other evidence of the unsoundness of the assumption embodied in this maxim were wanting, it could be easily supplied by many silent witnesses in the shape of cement, gutta-percha, and other fillings inserted by first-class operators. Still the fact remains that desperate measures were for a long time and are still employed to render possible a universal application of the principle that gold is the only suitable material for filling teeth. Device after device was invented to enable the operator to master the difficulties of inaccessible cavities. A strong spirit of emulation among operators sprang up; extraordinary difficulties stimulated to extraordinary efforts to overcome them, and many ingenious appliances and methods were suggested and successfully practiced. As a natural result, a few men in the profession presently attained to lofty eminence, by reason of rare success in overcoming what to very many, were insurmountable obstacles to the use of gold foil. A new interest was lent to the discussions in our conventions and associations by the descriptions and demonstrations set forth in detail by these leaders of the profession. Was the adjustment of the coffer-dam in a difficult case a problem offered for solution, some exceptionally gifted operator was usually at hand to rise and explain how he proceeded in such cases. Was the question of retaining a clamp in position or of reaching a distal cavity broached, some genius was ready with his special appliance of curious design to make the crooked paths straight. Practical demonstrations upon a patient at the clinic were not wanting, still some problem-solvers contented themselves with the use of the blackboard and a bit of chalk, Sometimes the use of an appliance to be constructed in accordance with the requirements of the special case was suggested. If upon actual trial, the construction of the suggested appliance was found to be too difficult for the average operator, or if having been constructed it was found to be inadequate to the end sought to be attained, what of that? The failure illustrated the inferiority of the poor inquirer's practical talent, and redounded all the more to the

glory and honor of him who offered the suggestion. A remarkable state of affairs had come about and prevails to-day; to wit; we find a large body of professional men led on and encouraged by a very small minority of proficients in the use of a filling material which it would seem that few can hope to be able to use successfully. A remarkable state of affairs, truly, that the success of the few should serve chiefly to illustrate the hopeless incompetency of the many! Who is to blame for this state of affairs? Who is to be held responsible for the failure of the honest efforts put forth to invent a filling material worthy to supplant gold foil? It would be idle to charge the individual members of the profession with a lack of interest in devising some improvement in this respect. Are any, like Demetrius of old, fearful of endangering their craft? Is the five or ten dollars an hour that dentists receive for packing gold into cavities the real obstacle to the progress of invention? The advocates of a new departure failed to revolutionize existing methods for the all-sufficient reason that they offered no new improvements, no better alternative. They pointed out the short-comings of the existing methods and to that extent they achieved a success, of a negative character, it is true. They directed attention to the fact that the best operators in gold were not accomplishing all they claimed in the way of saving teeth. It was the bugle's blast calling a halt, in order to inquire whether or not gold foil was to be accepted as the ideal filling material. The statement included in the much criticized affirmation of the "New Departure's" advocates that "in proportion as teeth need filling, gold is the worst material used for filling cavities" would not be ignored or thrust aside. If these imagebreakers had simply committed themselves to the opinion that gold foil does not fulfill all the requirements of an ideal filling material and had refrained from expressly encouraging the use of other materials already tried and found wanting, they would probably have won many a frank avowal of acquiescence from the very ones who resisted their conclusions.

Looking at the matter from every standpoint the conclusion seems to force itself upon us that the ideal filling material remains to be discovered. Consider for a moment some of the principles involved in the use of gold foil. Direct access to the cavity to be filled must be obtained, exen at the expense of healthy, sound tooth-substance. That is a fundamental teaching as regards the preparation of the cavity for the reception of cohesive foil. In how many instances do we find the practice of this principle inadmissible, or being admissible, in how many cases is it highly objectionable?

This principle, if literally adhered to, would result in the exposure of many a pulp. At best, free mortising down to the site of cavities, only partly accomplishes the purpose of gaining free access, in numerous instances which might be recalled. The necessity for such a course of procedure is certainly to be deplored. When cements are used the principle is largely modified, to the relief certainly of the patient, at least. We mould cement into cavities with comparatively thin, friable walls, which we would not dare to leave, but would freely cut away were we about to use gold. Twelve or fifteen years ago gold-workers pointed with pride and satisfaction to large contour operations glittering in front teeth. It was called artistic; and yet these operations lacked the very first requisite of perfection in art, which is to conceal art. The novelty of the thing carried us (and our patients too) away with enthusiasm. But the incongruity of a large mass of gold glittering in a front tooth forced itself upon attention after awhile, and to-day, persons of cultivated tastes would gladly avoid any display of gold whatever in their teeth. The growing demand is for something closely resembling enamel. We hear with incredulity the avowal of our wealthy patient that he would rather have cement or gutta-percha in his front teeth for appearance sake. We think him niggardly or lacking appreciation of the higher order of dental art, or we attribute his whim to a fear of the coffer-dam and the polishing strip. Admit that neither cement nor gutta-percha would meet our fastidious patient's requirements, the fact remains that he objects to the appearance of gold.

But, about the possibility of saving teeth with gold, let us now inquire. The ideal filling material requires an ideal tooth upon which to exhibit its saving efficacy. Gold is the veriest autocrat. It says to the operator, adapt your conditions to my requirements and I will fulfill your wishes, provided you give close enough heed to such requirements as I may choose to impose later. I pay no attention to the requirements of existing conditions. I dictate my terms. You meet them as best as you may. I know that I am accounted stubborn and exacting. What care I for your opinion of me, good or bad? I have one or two peculiar properties distinctively my own. These properties are indispensable to your success in your calling. Attempts have been made to usurp my supremacy as the king of filling materials but all have failed. I have my faults, glaring faults, if you please, but still you dare not disown me.

So the profession goes on using gold, cutting grooves along the

friable edges of incisors in order to find an attachment for gold. The end is accomplished; the glittering mass clings like a parasite to the sensitive surface, and the triumph of gold is complete, albeit the bordering enamel may crumble, lateral walls break away bodily and cervical borders soften. The tooth may be thick, dense of structure, tough and devoid of sensibility; or it may be thin and translucent, imperfectly calsified, brittle, and exquisitely sensitive; it is all one, we will adhere to the maxim and fill it with gold. It may not be the best conceivable filling material, but it is the best thus far discovered.

Perhaps it would not be utterly idle and preposterous to consider what we would like to have in the way of an ideal filling material. You royalists who shudder at the thought of gold's being dethroned, calm your fears, for the fulfillment of the prophecy belongs perhaps to the distant future. The ideal filling material should be a plastic, it should of course be indestructible, a non-conductor, compatible in every respect, color and appearance included, with tooth substance. It should possess the valuable quality peculiar to the cements now used, of attaching itself to and supporting comparatively frail walls of enamel. It should be easily and quickly introduced, and should be susceptible of a fine polish. In short it must combine the desirable qualities of gold and all other filling materials now in use, and in addition to these a few other qualities which the inventor will be likely to call to mind. How almost invaluable would be a material which would firmly adhere to a smooth surface of dentine without the aid of grooves or undercuts. How much mischief by the way, has been done by cutting retaining grooves; how many apparently strong walls of enamel have been undermined and checked? To be sure, we who fill with gold, or tin, or amalgam, have no alternative but to groove, if we would not have our fillings drop out. But the ideal filling material, which is expected to adhere to a smooth, flat surface, will obviate all that.

What a dismantling of our dental cabinets will result when the new ideal filling material actually displaces gold forever. Behold our fine sets of Varney's, and Butler's, and Chappell's, and Watling's pluggers forged over and made into excavators! Behold the decline of the finishing-bur, the corundum-point, the porte-polisher, the finishing-file, the polishing-strip, automatic, pneumatic, electric, and-so-forth-pluggers, the file carrier, the polishing-buffs, Hindostan, Scotch, Arkansas and other wheels, the matrix, the burnisher, the foil-shears and crimpers, foil-carriers, the retaining-screw, the

retaining-point drill, and finally, the stupendous yarn about the incredible consumption of gold by the \$30,000 a year operator who never, not even hardly ever, uses amalgam. Behold the decline in the consumption of coffer-dam rubber and silk ligatures, and in short, behold the changed visage of the dental depot's clerk when the dentist orders another fifty cent package of cement and says never a word about being nearly out of gold, and felt-foil, and amalgam, and mercury, and Hill's stopping, and oxide of tin, etc.

In a decade or two our forceps will all have been remodelled into can-openers, and our elevators converted into tack-pullers, while the nitrous oxide gas artist will join a circus or turn veterinary surgeon. The dental engine, the spatula, the excavator and the chisel only, will survive in all their pristine glory and vigor. No longer will the controversy wax hot in the dental convention over the merits of No. 60 as compared with No. 4 foil, or over the respective merits of grooves and retaining-pits. The exposed pulp will probably still come in for a share of attention, and pyorrhæa alveolaris will be met by a specific in the shape of an unrestricted opportunity to all the members to talk it to death.

What of the future? Fifty years hence another Barnum will scour the country for a man or woman with a Richmond crown. Five years hence—that is to say five years after the beginning of the looked-for New Era, dentists will charge a uniform price of one dollar per filling and they will fill ten teeth where they now fill one.

Do not shrink so apprehensively from the inevitable, my dear professional brother. Your patrons are not going to forsake you to patronize some fifty per cent man across the way. Skill and judgment and care have been your capital in the past and so they will be in the coming future. If you keep your hands and face clean, and don't reverse your collar too often, you may expect a much larger patronage then than you ever enjoyed in the past. Those who have given their years to the study of teeth, their anatomy, their pathological conditions, their relations to other organs, have but little to fear from an influx of new-comers into the profession, for dental education has already reached such a stage of development that the public have become informed and are able to discriminate between true attainments and mere pretense.

Seriously, we ask, is the forecast of the coming event as we have sketched it, quite improbable? Who shall say, in this age of astounding invention, that a simple, durable, in every respect satisfactory substitute for gold foil filling will not readily be dis-

covered? What if some one not in the profession should announce the discovery and should organize a joint stock company of shrewd business men to make known its genuine merit, could we, if we were so selfish and ungenerous as to wish it, prevent the revolution which the public would at once demand? Who believes such a thing as successful opposition would be possible?

Does the contemplation of the bare possibility of what we have suggested cause heart-burnings, and must we then confess that the abolition of gold foil would cause the carefully constructed fabric, which we have been taught to believe was long ago firmly established on a corner stone of professionalism, to tumble into ruins? Perish a thought so unworthy! Perish the pride that couples the professional with the worship of the golden calf! Where is all our profession of concern for the public's welfare? Has it vanished with the reflection that our elaborate measure for the prevention and relief of human suffering may yet be supplanted by other means far more simple and easily applicable? Did time and space permit, it would be interesting to trace out at length the results, both as concerned the dentist and the public, of such a material being introduced. The thousands upon thousands, who at this day never resort to a dentist, would become his patrons. For it is not merely the expense of operations which deters many from the attempt to save their teeth. Fear is a powerful deterrent. If it were the case that we could dispense with the painful clamp, the nerve-rasping groove-cutter, the retaining-point drill, the disagreeable corundum-tape and annoying rubber-dam, would not our operations be robbed of more than half their terrors? Who has not observed that the simple removal of the decay in a cavity may be accomplished with comparatively little pain in a majority of instances? It is the undercutting and drilling to secure a retaining shape that hurts most. What an impetus would be given to the cause of dental education by this revolution. The dentist would then find more occasion than ever to extend his sphere of practical usefulness by studying the diseases of the nose, throat, and other contiguous parts. Indeed this idea has already gained a foothold among some of the young members of our profession in this city, and the medical colleges have opened their doors to more than one D. D. S. within the past five years.

It is possible then that the destiny of the dentist, a few years hence, will be entirely changed. Is there occasion for regret that this may happen, when it is more than probable that it would result in the opening to us of a broader and more liberal field? We think not. Be all this as it may, there is no questioning the fact that with

the introduction of such a filling material as we have tried to describe, such an overturning and such an upheaval in the department of operative dentistry would occur as the wildest flight of imagination could hardly exaggerate. Will it come? If it comes are we prepared to show that gold foil is not the foundation stone of our professional pretensions?

When photography took its place among its arts, portrait painting declined. The artist remained an artist, but he underwent a metamorphosis. What will be our fate when the great improvement comes in.—Ohio State Journal of Dental Science.

## SOUTH DAKOTA DENTAL SOCIETY.

The South Dakota Dental Society met in its second annual session, in Huron, at the Wright House, at 8 p. m., June 9th, 1885. President Stutenroth in the chair. There were present at the opening:

Dr. C. W. Stutenroth, of Watertown; Drs. A. Sherman, E. E. Wightman, and F. O. Sale, Huron; S. J. Moore, E. B. Fuller, and Geo. P. Dix, Mitchell; L. F. Straight, C. E. Brooks, and W. H. Barker, of Miller.

The constitution, by-laws, and code of ethics were read and discussed to some extent.

Dr. F. O. Sale presented the names of the following practitioners for membership, viz: Drs. S. J. Moore, E. B. Fuller, and Geo. P. Dix, of Mitchell, Dak.; Dr. C. E. Brooks, of Webster, and Dr. L. F. Straight, of Iroquois, who were ballotted on separately, and duly elected.

A circular letter from a committee of the Chicago Dental Society was read, in reference to our society taking action, and expressing their views as to dentists, not regular graduates of medicine, being excluded from the National Medical Congress to meet at Washington, D. C., in 1887.

The following resolution was unanimously adopted:

Resolved, That it is the opinion of the Dentists of South Dakota in annual convention assembled, that all reputable dental societies be entitled to representation in the National Medical Congress to be held in Washington, D.C., in 1887.

Dr. Stutenroth, the president, then read his annual address.

Essays were then read by Dr. O. M. Huestes, "Preparing and filling roots of pulpless teeth."

W. H. Barker, "Dental Lesions."

Dr. W. B. Steere, of Pierre, "The Oral Cavity,"

Clinics were given during the session by Dr. F. O. Sale, and Dr. O. M. Huestis.

The following officers were elected for the ensuing year:

President, Dr. Stutenroth; Vice-President, Dr. S. J. Moore; Secretary, Dr. O. M. Huestis; Treasurer, Dr. W. H. Barker; Librarian, Dr. G. P. Dix. Members of Executive board: Drs. F. O. Sale and L. F. Straight.

Moved that a committee of three be appointed by the president, whose duty it shall be to act in all cases of infringement of the code of ethics; carried. Chair appointed Dr. W. H. H. Brown, of Yanktown, Dr. O. M. Huestis, of Aberdeen, and Dr. W. B. Walling, of Blunt. On motion, adjourned to meet at Mitchell on the 2d Tuesday of June, 1886.

C. W. STUTENROTH, President. W. H. BARKER, Secretary.

-"Oh, I'm awfully afraid to take ether," said a nervous woman, trembling and fidgeting in the dentist's chair. It 'll only make me sick, and when you begin to work on my tooth, I know I shall feel it: and I shan't be able to scream nor do nothing at all. Oh, dear, I can't, I can't," "Calm yourself, madame," replied the dentist, soothingly, "You'll not experience a particle of pain. I could pull every tooth out of your head, and you'd never know anything about it until it was all over." "But, doctor, I don't want all my teeth pulled out. Perhaps you might be tempted, you know." "Oh! I'll only take one out. I was only telling you what I could do. Why, there was Mr. Thingummy. He was brought into Dr. Sawemoff's the other day, to have his leg amputated. He was just like you. Would n't take ether at first under any consideration; but Sawemoff prevailed on him at last, and Thingummy took the ether as peaceful-like as a baby. Off went his leg in a jiffy, and when he came to it was all dressed, nice and comfortable. Well, I never saw so pleased a man in all my life as Thingummy was. He just lay down and he says, says he, Doctor, I never enjoyed anything so much in all my born days. If 'twent be anything extra, just give me another dose and take off the other leg. One can't have to much of a good thing, says he, especially when it does n't cost anything!' But if you'll believe it, madam, old Sawemoff, the narrow-souled critter, wouldn't accommodate. 'Said he couldn't afford it, nohow." After this tribute to the efficacy of the anæsthetic, it is needless to say that the nervous woman made no further opposition.

## THE DENTAL PRACTITIONER.

CHAS. E. PIKE, D.D.S., EDITORS. THIRTEENTH & FILBERT STS.

L. ASHLEY FAUGHT, D.D.S., PHILADELPHIA.

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## EDITORIAL.

## PROFESSIONAL COMPETITION.

The meaning of the old adage "competition is the life of trade" is understood in proportion as the results of its application affect our personal well-being, or as thoughtful meditation enables us to comprehend it. Monopoly in any department must certainly give way before a continued competitive rivalry, and increase of facilities, better products, and cheapness to buyer follow its invasion. This strife for the leading positions in the business world finds its counterpart somewhat in professional life.

The proper tendency of human nature is to desire to rank high, and to be sought as the most skilled, even though that human nature be individualized as a dentist, or as a physician. The basis however of professional competition is a very broad one, and quite different in nature from that in mercantile life. Those who render medical services have all a single and common aim,—not to be able to excel that one may rise by excellent services; but to be able to render the best service for the sake of its benefits to suffering humanity. If in our efforts to bless our fellow man we rise above our compeers, the reward is merited and is bestowed where it will be worn most gracefully.

Such competition does not rejoice in the inability of any brother to scatter his healing benefits as widely or as successfully as any other; but rather, by the freest promulgation of the means and methods employed and experience gained, renders it more possible for the lower laborers to continue the good work to those in suffering, even to a reaping of a more favored position for themselves too.

The differences in position of those who follow the practice of dentistry or of medicine, is truly not the result of a competition between the individuals for self-aggrandizement; but the outcome of the strongest efforts of each practitioner to do the most possible for patients in rendering a certain service. The elevation and benefit to self is the secondary and not the primary result worked for. This is the essential difference between professional and mercantile competition.

There is another point of comparison which can be viewed with benefit. It is well-known that the fact, that a firm leads in the manufacture of a given line of goods, is no positive guarantee that their products are better than, or indeed as good as those of a less prominent house. It is perfectly possible, and very often the case, that better goods are produced by some of the lesser manufacturers, but that they are not able to command the facilities of their more favored rival to get their product acknowledged before the world.

This is true of professional services. The fact, that one occupies a professional chair in a college, is the author of extended treatises, has more demand for his services than he has time in which to render them, is no sure evidence that his ability is any greater than some apparently obscure and more humble follower of the healing art. It may simply mean that his opportunities to place his ability before the public have been greater.

They, therefore, who constitute the rank and file in mercantile and in professional life, in the full consciousness that the character of their products or of their services is as high as in the present possible to attain, can labor on, strengthening themselves as strength is given, knowing that in any time of crucial test neither their goods nor their services will be found to be wanting.

L. A. F.

## OFF FOR EGYPT.

By the time this issue of the Practitioner reaches its readers Dr. Frank R. Faber will be far on his way towards this remote country. Having associated himself in practice with Jas. F. Love, D.D.S., of Alexandria, he started on the 25th of July for the scene of his future labors.

Dr. Faber is a graduate of the Philadelphia Dental College, and has devoted himself to what is termed the mechanical branch of our profession, in which he has developed such skill and talent that he is universally recognized by his Philadelphia brethren as a "genius." It has been said that Frank was never "stuck" on a case; no matter how difficult or complicated, his fertile brain and skillful hands have at last conquered it to the satisfaction of all concerned.

Dr. Faber is well known to the readers of this journal as a frequent and instructive contributor and we have his assurance that they shall not be forgotton when he gets among the "Mummies."

We are sorry to lose the presence and services of our talented young friend, but hope that in a few years he may come back loaded with honors and so much of the "substantial" recognition of services rendered as will enable him to take life easy.

We wish him all success in his new enterprise, and assure him that a hearty welcome awaits his return to the "City of Brotherly Love."

## OBITUARY.

DIED, AT BELLAIRE, O., JUNE 4TH, 1885, JOHN A. MCCLELLAN, D.D.S., IN THE 24TH YEAR OF HIS AGE.

John A. McClellan was born at Gallipolis, Gallea Co., Ohio, November 24th, 1860. His life was spent principally at the place of his birth. During the last two years he has been pursuing his studies at the Pennsylvania Dental College where he graduated at the last commencement.

He went to Bellaire on the 21st of June for the purpose of engaging in the practice of his profession; had selected rooms and furniture, and was ready to begin, when he was taken with pneumonia which proved fatal on the eleventh day of his illness.

Dr. McClellan was possessed of a good education, and that energy of character and urbanity of manner that made him a social favorite. He had the happy faculty of making associates his warm personal friends. His was a jovial, happy disposition. One of his recent class-mates has this to say of him: "John was a noble fellow and a bright young man with the prospects of brilliant future before him. He was always kind, a bright and good student, a jovial companion, without an enemy, and with a host of friends."

He was an earnest worker, and had labored hard to prepare himself for his life-work. His early death prevented him from accomplishing much, but what he had done was well done. He only stood upon the threshold and viewed the field of labor for which he had so ardently striven, and in which he seemed destined to an honorable and useful career, but he was not permitted to enter.

The profession, in his death, sustains the loss of a good, true and honorable man.

## DENTISTRY IN CALIFORNIA.

An Act to insure the better education of practitioners of dental surgery, and to regulate the practice of dentistry in the State of California.

The people of the State of California, represented in Senate and Assembly, do enact as follows:

- SEC. I. It shall be unlawful for any person who is not at the time of the passage of this Act engaged in the practice of dentistry in this State to commence such practice, unless he or she shall have obtained a certificate as hereinafter provided.
- SEC. 2. A Board of Examiners, to consist of seven practicing dentists, is hereby created, whose duty it shall be to carry out the purposes and enforce the provisions of this Act. The members of said Board shall be appointed by the Governor from the dental profession of the State at large. The term for which the members of said Board shall hold their offices shall be four years, except that two of the members of the Board, first to be appointed under this Act, shall hold their office for the term of one year, two for the term of two years, two for the term of three years, and one for the term of four years, respectively, and until their successors shall be duly appointed and qualified. In case of a vacancy occurring in said Board, such vacancy shall be filled by the Governor in conformity with this section.
- SEC. 3. Said Board shall choose one of its members President, and one the Secretary thereof, and it shall meet at least once in each year, and as much oftener and at such times and places as it may deem necessary. A majority of said Board shall, at all times, constitute a quorum, and the proceedings thereof shall, at all reasonable times, be open to public inspection.
- SEC. 4. Within six months from the time that this Act takes effect, it shall be the duty of every person who is now engaged in the practice of dentistry in this State, to cause his or her name and residence or place of business to be registered with said Board of

Examiners, who shall keep a book for that purpose. The statement of every such person shall be verified under eath before a notary public or justice of the peace in such manner as may be prescribed by the Board of Examiners. Every person who shall so register with said Board as a practitioner of dentistry shall receive a certificate to that effect, and may continue to practice as such without incurring any of the liabilities or penalties provided in this Act, and shall pay to the Board of Examiners for such registration a fee of one dollar. It shall be the duty of the Board of Examiners to forward to the County Clerk of each county in the State, a certified list of the names of all persons residing in his county who have registered in accordance with the provisions of this Act, and it shall be the duty of all County Clerks to register such names in a book, to be kept for that purpose.

SEC. 5. Any and all persons, who shall so desire, may appear before said Board at any of its regular meetings and be examined with reference to their knowledge and skill in dental surgery, and if the examination of any such person or persons shall prove satisfactory to said Board, the Board of Examiners shall issue to such persons as they shall find to possess the requisite qualifications a certificate to that effect, in accordance with the provisions of this Act. Said Board shall also indorse as satisfactory diplomas from any reputable dental college, when satisfied of the character of such institution, upon the holder furnishing evidence satisfactory to the Board of his or her right to the same, and shall issue certificates to that effect within ten days thereafter. All certificates issued by said Board shall be signed by its officers, and such certificates shall be prima facie evidence of the right of the holder to practice dentistry in the State of California.

SEC. 6. Any person who shall violate any of the provisions of this Act, shall be deemed guilty of a misdemeanor, and, upon conviction, may be fined not less than fifty dollars nor more than two hundred dollars, or confined six month in the county jail for each and every offense. All fines recovered under this Act shall be paid into the Common School Fund of the county in which such conviction takes place.

SEC. 7. In order to provide the means for carrying out and maintaining the provisions of this Act, the said Board of Examiners shall charge each person applying to or appearing before them for examination for a certificate of qualifications, a fee of ten dollars, which fee shall in no case be returned, and out of the funds coming into the possession of the Board from the fees so charged, and pen-

alties received under the provisions of this Act, all legitimate and necessary expenses incurred in attending the meetings of said Board shall be paid. And no part of the expenses of the Board shall ever be paid out of the State Treasury. All moneys received in excess of expense, above provided for, shall be held by the Secretary of said Board as a special fund for meeting the expenses of said Board, and carrying out the provisions of this Act, he giving such bonds as the Board shall from time to time direct. And said Board shall make an annual report of its proceedings to the Governor, by the first of December of each year, together with an account of all moneys received and disbursed by them pursuant of this Act

SEC. 8. Any person who shall receive a certificate from said Board to practice dentistry, shall cause his or her certificate to be registered with the County Clerk of the county in which such person may reside, and the County Clerk shall charge for registering such certificate a fee of one dollar. Any failure, neglect, or refusal on the part of any person holding such certificate to register the same with the County Clerk as above directed, for a period of six months, shall work a forfeiture of the certificate, and no certificate, when once forfeited, shall be restored, except upon the payment to the said Board of Examiners of the sum of twenty-five dollars, as a penalty for such neglect, failure or refusal.

SEC. 9. Any person who shall knowingly and falsely claim or pretend to have or hold a certificate of license, diploma, or degree, granted by any society organized under and pursuant to the provisions of this Act, or who shall falsely and with intent to deceive the public, claim or pretend to be a graduate from any incorporated dental college, shall be deemed guilty of a misdemeanor, and shall be liable to the same penalty as provided in section six.

SEC. 10. Nothing in this Act shall be so construed as to prohibit any practicing physician from extracting teeth.

SEC. 11. This Act shall take effect immediately.

## APPROVED MARCH 12TH, 1885.

The members of the Board appointed by the Governor are as follows:

S. W. Dennis, M.D., D.D.S., President, San Francisco; E. W. Biddle, Healdsburg; J. W. Hollingsworth, Los Angelos; Thos. Morffew, D.D.S., San Francisco; S. S. Southworth, Sacramento; M. J. Sullivan, D.D.S., San Francisco; Chas. W. Hibbard D.D.S. Secretary, San Francisco.

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Believing that no preparation was ever better adapted for the conservation of the health of the mouth and teeth. It is in fact mostly composed of Dental Medicines prominent among which is **Carbolic Acid, or Phenol,** so combined with other medicaments that its objectionable odor and taste are hardly perceptible. This powder is saponaceous, and, though a great disinfectant and deodorizer, it is very agreeable to the taste, and imparts to the mouth and breath a prolonged sense of coolness and cleanliness.

It is a powder, soap and mouth wash combined.

is a portion, some	
Price for any amount less than ten pounds, put up in one-half, per lb.	
Price for any amount less than ten pounds, par apper lb.	\$1 00
	80
to the normal of more	00
In cans containing	
In cans containing ten pounds of me, put up in boxes containing. In large size bottles for tollet use, put up in boxes containing price per doz.	1 65
and dogon ouch with COTA Stoppers,	2 00
one dozen cach, motalic screw top and screw cap,	
Same size bottle, with metalic screw top and screw cap,	$-2^{-}00$
Same size bottle, with metalic top and slip cap,	
painte size so that all the stand and will not tarr	ish.

These metalic tops are all finely nickel plated and will not tarnish.

Will send bottles labelled or not, as may be desired.

Sample package sent to any dentist or druggist desiring to try it.

For a member of the profession to advertise to any extent, it is accounted unprefessional, but there is no way of advertising which pays a dentist equal to a good dentifrice, neatly put up with his business address for a label.

We append concluding sentence from a private letter, of which we have man similar: "I think your powder has no equal. My patients agree with me. For label I put on my name and place of business only, and want no better advertisement.

D. D. S. Boston, Mass.

renamed by M S NICHOLS Deptist

Prepared by M. S. NICHOLS, Dentist, Laboratory at Central Village, Conn.

WHOLESALE AGENT FOR PENNSYLVANIA,
GIDEON SIBLEY,

13th and Filbert Sts.

Philadelphia, Penn.

# Purpolene Varnish!



SH & FILBERT STS. PHILA PA

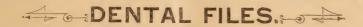
## Somewhing Rew!

USED IN VARNISHING PLASTER MOULDS FOR VULCANIZING RUBBER, DENTAL PLATES, RUBBER STAMPS, &c., &c.

Imparting a smooth surface, without destroying any of the fine lines in the Mould.

PRICE. (including Brush) 25c. per bottle

P. S. THE ABOVE IS NOT MAILABLE, and should be ordered with goods being sent by Express.



# J. M. EARNEST,

# WANUFACTURER OF DENTAL FILES,

OF ALL DESCRIPTIONS, WARRANTED EQUAL TO THE BEST MADE.

USUAL DISCOUNT TO WHOLESALE DEALERS.

The state of the s

FACTORY: No. 524 Sargeaut Street, Philadelphia, Pa.

R. FABER, D. D. S.

## FABER'S MECHANICAL LABORATORY,

1320 CHESTNUT STREET.

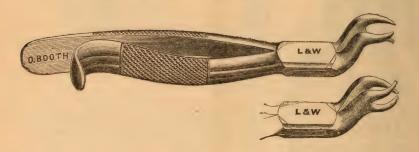
DENTAL MECHANISM EXCLUSIVELY OF THE FIRST CLASS.

Instructions given in Continuous Gum Work.

## LUKENS & WHITTINGTON,

# DENTAL INSTRUMENT MANUFAGTURERS,

626 RACE STREET, PHILADELPHIA, PA.



## THE O. BOOTH, OR THREE-PRONG FORCEPS

Since making sample pair of these Forceps for Dr. Booth, from his original pattern, we have had constant inquiry and demand for them, showing they have met the need long felt for a proper Forcep in Extracting Upper Molars, where the crown is broken, or partly broken away. The above cut gives a correct idea of their form, so that further explanation we feel unnecessary.

PRICE PER PAIR, N. P., . . \$3.00 All other forms, " " . . . . 2.25

## THE CARMICHAEL

# Universal Rubber-Dam Forceps

We are prepared to supply the above, adapted to the Carmichael Clamps, from suggestions and patterns furnished us by Dr. J.P. Carmichael. We have also modified them so they will do same work as the Bowman Allen Forcep, making them the most "Universal" R. D. Forcep offered.

PRICE PER PAIR, N. P., . . \$2.50

(EDunament T. Landson, Theory D. S. Same		an Park Assessment Park	the sales a s	one have to						
Plugger points for Bonwill Mallet per set of 9,			а			•	-			\$4.00
Electric Mallet Pluggers, per doz.,	a	a	a		44	-	-			\$15.00
Electric Mallet N. P. Sockets for S & L Points,	eac	h,				-	-	an		75
Snow & Lewis' Automatic Points per doz.,	at		a			-	-			3.50
Barbed Nerve Extractors per doz.	a		æ						-	75

## REPAIRING.

Engine burs and Excavators per doz.,		2	а	-	- 75
Pluggers, Ordinary per doz			a		- 1.50
Pluggers, Fine, per doz.,	а				\$2.50 and \$3.00
Forceps repaired and N. P. each.				-	- 60

# The Compound of Iodoform

For General Use for the Treatment of Pulpless Teeth, and for Capping Exposed Pulps, Etc.

PREPARED BY DR. WM. C. FOULKS.

Composed of Iodoform, Hydrate of Chloral, Acetate of Morphia, Chlorate of Potassium, Sulphate of Zinc, and Oil of Cloves, Cinnamon, Cajepute, Eucalyptus,

Turpentine, and Glycerine, quant. suf.

This paste is free from objectionable odors, will not SPOIL or DRY if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never alters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a number of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure-all," but one that will GENERALLY be amply sufficient for the permanent or temporary dressing of canals, and for capping pulps, etc. A curcular, containing explanations and directions, accompanies each box.

Put up in \(\frac{1}{4}\)oz. wide-mouth glass bottles. Price per box, \$1.50.

FOR SALE BY GIDEON SIBLEY,

Trade Supplied.

Philadelphia, Pa.



# Surface Cohesion Forms for Artificial Dentures.

A system by which Artificial Dentures can be made much smaller, and hold firmly, as the cohesion extends over the whole surface of the plate, instead of only at one point as in the central air or suction chamber. By the use of the Surface Cohesion Forms the sense of taste is not impaired nor is there any irritation. The inner surface of the plate will be covered with semi-oval projections (as seen in cut enlarged four diameters) the whole length of the plate, which causes it

to stick to the gums as if it were glued, and without causing any irritation of the membrane.

The Surface Cohesion Forms are cemented on the cast, with liquid rubber, the Surface Form being correspondingly cut; after the wax is boiled out, and flask packed, the flask is screwed together, and when vulcanized, the palatal surface of the plate will be covered with semi-oval projections its entire length, and with a beautiful clean finish. For gold, platinum or any metal, cement the "surface cohesion form" to plaster cast, mould in sand, make three zinc dies, and lead counter dies and swag up plate.

SURFACE COHESIVE FORMS,

Put up neatly in boxes of one dozen, with full directions,

For sale at all Dental Depots.

A method of preparing Rubber plates for the vulcanizer without waxing or flasking. Full instructions furnished for \$5.00 on application to

DR. J. SPYER,

245 East 19th Street, New York City.

PHILADELPHIA, JULY 13th, 1885. The undersigned have witnessed a satisfactory clinic given by Dr. Spyer of his new method of

constructing vulcanite plates. S. H. Guilford, D.D.S. Frank R. Faber, D.D.S.

Theodore F. Chupein, D.D.S. Chas. F. Bonsall, D.D.S.

A. P. Beale, D.D.S. H. M. Sheppard, D.D.S. Thomas W. Buckingham, D.D.S. Geo. W. Cupitt, D.D.S.

# SAMSON RUBBER

MANUFACTURED BY

## EUGENE DOHERTY,

444 FIRST STREET, Brooklyn, E. D., New York.

WARRANTED TO BE

# THE STRONGEST & MOST UNIFORM RUBBER MANUFACTURED.

It is the toughest and most durable Rubber made. Vulcanizes same as ordinary Rubber.

## SAMSON RUBBER.



MANUFACTURER OF ALL KINDS OF

# Dental Rubbers and Gutta Perchas.

## PRICE LIST OF DENTAL RUBBERS AND GUTTA PERCHAS

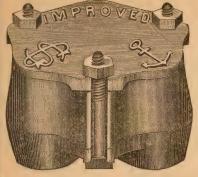
THICE EIGH OF PERTINA	industrial delivit i Energia.
No. 1 Rubber, per lb \$2	2 25   No. 1 Weighted or Amalgamated Rub-
No. 2 Rubber, per lb 2	2 25   ber, per lb \$4 0
Samson Rubber, per lb 2	2 75 No. 2 Weighted or Amalgamated Rub-
Black Rubber, per lb., 2	2 25 ber, per lb 4 0
Flexible or Palate Rubber, per lb 2	2 75   Black Weighted or Amalgamated Rub-
Gutta Percha for Base Plates, per	ber, per lb 4 0
lb 2	2 25   Weighted Gutta Percha, per lb 4 0
Vulcanite Gutta Percha, per. lb 3	3 50   Adamantine Filling or Stopping, pr.oz. 4 0

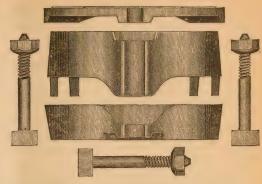
Yore.—The above Rubbers and Gutta Perchas will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Denta' Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

## EUGENE DOHER'TY,

444 First St., Brooklyn, E. D., New York.

# IMPROVED S ANCHOR FLASK.





The above cut represents a Flask of our own make, it being greatly improved over the old style Anchor Flask, in many respects, as follows:

It is larger in size, and much thicker, weighing nearly two-thirds more.

It has much longer guides, and is so constructed that it is impossible for the bolts to slip, thus making it the most perfect and convenient flask in the market.

Any Vulcanizer measuring 37 inches in diameter, inside, will admit this flask easily.

PRICE, MALLEABLE IRON,	. \$	1.00,	postage,	25	cents.
Extra Bolts, per set,		.25,	"		free.
Wrenches,	-	.10,	"		66

## FRENCH'S

## SELECTED DENTAL PLASTER.

					T	V 1.				
6	quart,	air-tight	can,							\$ .70
12	66	"								1.15
16	66	66								1.45
24	6.6	. "						,		2.00
Qua	arter-E	Barrel,				,				1.60
Hal	f							*.		2.50
One	е	"								3.50
					J.	A.				

We also keep slow-setting Plaster, which is preferred for Models and Flasking; at above prices. When sent by freight, porterage extra.

# LAWRENCE'S AMALGAM.

## "The Old Reliable."

This Amalgam has received the endorsement of the Profession at large for over forty years, which would seem to render any remarks as to its excellence superfluous.

#### Price, \$3.00 per ounce.

Purchase only of reliable dealers, their agents, or of the inventor and only manufacturer,

AMBORSE LAWRENCE, M. D.,

476 Columbus Ave., Boston, Mass.

# WATT'S MPROVED

## BETTER THAN ANY IN USE!

Six Ingots to the Pound,

Per Ingot, \$1.00.

Printed Instructions with each Ingot.

This metal is far superior to the well-known Watt & Williams metal. It is the result of diligent research, aided by abundant leisure, and long experience in the science of metallurgy. Watt's Metal is stronger and runs sharper than any in use, while it withstands chemical action within the mouth better than 18 carat gold.

It has no equal for lower plates, gives a much better fit than rubber, celluloid, or gold, and is good conductor of heat and electricity. Weight is often advantageous; but if shrinkage is very great a base plate of the metal may be made, and the teeth attached to it with rubber or celluloid. Most beautiful upper or lower dentures may be thus made, and no other work has greater durative. bility

Molds may be made in almost any flask, but a glance at the cut of the Watt Flask will per-

suade any one to buy it who intend to use the work.

Ask your Dental Depot for it, or send to

RANDOLPH, Wholesale and Retail Agents, & 83 JEFFERSON STREET, TOLEDO, OHIO.

# KING'S OCCIDENTAL AMALGAM.

PRICE REDUCED TO \$3.00 PER OZ.

5 oz. at one time, \$2.75 per oz.; 10 oz at one time, \$2.50. per oz.

This Amalgam, has been before the profession in Ohio and Western Pennsylvania for some years, and all who have used or tested it, agree that it has merits over any other Amalgam in the market.

The process of manufacture differs from that of other Amalgams, and

### BY A NEW INVENTION

Dr. King is enabled to obtain better results, both in regard to COLOR, SHRINKAGE and EXPANSION, than is obtained in any other alloy in the market.

Test for color consists of sixty grains of Sulphuret of Potassa, dissolved in one conce of water. Amalgam plugs to be left in this solution twenty-four hours or more. The Occidental will remain bright after this test, and we know of no other Amalgam, at even double the price, but that will discolor. All who would use the best should buy it.

Ask your Dental Depot for it, or send to

RANSOM & RANDOLPH, Wholesale Agents, 83 JEFFERSON ST., TOLEPO, OHIO.

## **1885**

## "OHIO STATE JOURNAL OF DENTAL SCIENCE:" GEO. WATT, M.D., D.D.S., Editor, Xenia, Ohio.

Monthly, 48 to 56 pages, making 600 pages reading matter during the year, exclusive of advertisements, For Subscription price of \$2.00. Published by

## RANSOM & RANDOLPH, TOLEDO DENTAL DEPOT.

Dealers in every Instrument and Article used by Dentists and Surgeons. All the Leading Goods in Stock, and Supplied at Manufacturers' Prices.

A Large Stock of JUSTI'S and WHITE'S TEETH, and the WELL-KNOWN SIBLEY TEETH always on hand.

Address all orders and subscriptions to

RANSOM & RANDOLPH,

83 JEFFERSON ST., TOLEDO, OHIO.

# VON BONHORST'S

## ANÆSTHETIC.

We have recently purchased of Dr. C. G. Von Bonhorst, now of Pomona, Cal., at considerable expense, his tamous Anæsthetic and Applicator, with complete apparatus for manufacturing and putting up the same. This anæsthetic is so well known in this vicinity that we only consider it necessary to state that it is again in the market. As to its genuineness we refer to Dr. Von Bonhorst, who has sent all orders which have been sent him since he went to California to us. We call attention to a few of the prominent dentists who have used and can recommend the Anæsthetic,

Having used

Dr. VON BONHORST'S

## ANÆSTHETIC

from the time it was first obtainable to the present, I take pleasure in saying I consider it of great utility,

## Lessening

## the Pain

incident to some of our most severe operations.

CINCINNATI, February 7th, 1884.

A. BERRY, D. D.S.

resident of Mad River Valley and Ohio State Dental Societies

YET PERFECTLY HARMLESS TO THE PATIENT INVALUABLE IN EXTRACTING TEETH ALSO IN WEDGING TEETH APART.
WHEN APPLIED TO THE GUMS THROUGH THE
APPLICATOR, IT RENDERS THE OPERATION COMPARATIVELY PAINLESS, ALSO APPLIED IN CLEANING OUT CAVITIES INSENSITIVE FEETH PRICE SISO PER BOTTLE SPENCER & CROCKER PROPRIETORS. CINCINNATI

I have treated a score of

## **Exposed Nerves**

both those that follow excavating, as well as those exposed from decay, and

## Not One Failure

All treated by the aid of your preparations.

D. R. JENNINGS, D. D. S., Ex-President Ohio State Dental Society,

My experience with your goods is similar to that of Dr. Jennings.

PROF. J. TAFT.

C. BRADLEY. Dayton, O.

V. F. ELLIOTT,

Minneapolis, Kan. I. WILLIAMS.

Ex-President Ohio State Dental

The above illustration shows style of package and label-about two-thirds size.

Price of Anasthetic, per Bottle, \$1.50. Price of Applicator Reduced to . 1.50.

## SPENCER & CROCKER.

OHIO DENTAL AND SURGICAL DEPOT.

PRADE SUPPLIED.

CINCINNATI, O.

Send One Dollar for Sample set of "Sibley's" Teeth.

See Illustration on another page, of a few styles of "Sibley's" Plain Teeth.

Try a sample Package of Stbley's Gold and Platinum Alloy, which is the best.

Our Medium Rubber Dam is superior—none better in the market. Put up in convenient form, 5 yards long, 6 inches wide, also 4 yards long and 8 inches wide. Price \$1.50.

The Improved Anchor Flask, is the best in the market.

The "Eclipse" Rubber is stronger than most, and as strong as any. It packs and finishes easy.

Wilkerson, Morrison Student, Cycloid, Archer, or any Dental Chair can be ordered of Gideon Sibley.

The No. 1 Articulator has been reduced to 90 cents, (by mail 10, cents extra), Gideon Sibley.

The Compound of Iodoform, should be in every Dental office. See advertisement.

## Dr. J. FOSTER FLAGG'S SPECIALTIES.

These "Specialties" are offered with the assurance that they are such as are progressively taught and used by Dr. Flagg, and that every lot of each material is tested and approved by him before being sold.

	0		
HAND-MADE GUTTA PERCHA STOPPING, (1/4 or	z.pkge.)	per oz.	\$5.00
"CONTOUR" AMALGAM ALLOY,			3.50
"SUB-MARINE" "			2.50
"PLASTIC ENAMEL" (Nitro-phosphate of Zine)		$\frac{1}{2}$ OZ.	2.00
OXY-PHOSPHATE OF ZINC, ("Non-deterioration		66	1 00
OXY-CHLORIDE OF ZINC,	per pa	ckage,	1 00
PEPPER BAGS, (package of 20,) \$1 00. GLASS MORTAR	S, (prope	rly groun	d,) 75c.
GUITTA PERCHA AND INSTRUMENT WARMERS (Day I	Test ) &	.00	

FOR SALE AT DENTAL DEPOTS,

DR. FLAGG, 106 North Eleventh Street, Philadelphia, Pa.

# GEO. W. FELS, COHESIVE and SOFT GOLD FOILS

112 West Sixth Street, Cincinnati, O.

— ESTABLISHED 1879.

This improved SOFT FOIL will be found extremely tough; it is SOFT and KID LIKE, at can be brought to any degree of cohesion by annealing, thus combining soft and cohesive foils. By sending draft or Post Office order to the above address, we will forward without extra expens

1-8 oz. at \$3.75, 1-2 oz. at \$14.00, 1 oz. at \$28.00.

This Foil can be returned if not as represented.

# PEIRGE'S AMALGAM.

RECOMMENDED FOR ITS

## PURITY, PERMANENCY, PLASTICITY.

This Amalgam is made from strictly pure materials and from the formula of Prof. C. N. Peirce It was first made by Dr. Peirce for use in his own practice, and has become deservedly popular with those who have been for some years constantly using it—Its color, edge-strength and toughness render it one of the the most desirable plastic filling materials, while shrinkage or expansion are not perceptible. Each package of Amalgam will contain a piece of specially prepared "Asbestos Felt," with directions for its use as a capping for exposed pulps, or as a non-conducting septum between sensitive dentine and metallic fillings.

Price, \$4.00 per oz. Put up in ounce and half-ounce packages.

For Sale, Wholesale and Retail, by GIDEON SIBLEY.

# PHOSPHATE OF ZING GEMENT,

Dr. C. N. PEIRCE.

The properties of this Cement have been well tested, and not found wanting. It does not deteriorate with age. Directions accompany each package. It can be procured of dealers in dental supplies, and in quantity of the S. S. White Dental Manufacturing Co., Johnson & Lund, and of the Manufacturer, 1415 Walnut Street, Philadelphia.

Price, per Package, \$2.00.

Liberal Discount to the Trade.

FOR SALE BY GIDEON SIBLEY.

## EDWARD ROWAN & CO.,

196 Third Avenue, New York,

"DECIMAL GOLD FOIL"	MANUFACTURERS OF	THE					
	Per ounce,					\$28 00	1
"DECIMAL GOLD ROLLS"	Per one touth	nunon		• •	,	9~0 00	
"DECIMAL ROLLED GOLD"	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ounce,	y			3 00	3
"ROWAN'S IDEAL ALLOY"		\$5.00:	2 oz.	<b>\$9.00</b> ;	4 07	. 16 00	1
"ROWAN'S IDEAL ALLOY"	No. 2. " "	3.00:	65	5.50	66	10.00	9
"IDEAL CEMENT," with pigm	ents, per package,	,		. ,		1 00	
T							

Try some of our Rubber Dam, in handsomely decorated air-tight Boxes; new make; light colored and very tough, per box \$1.00. Per yard Medium, \$1.50.

S. H. GUILFORD, A. M., D. D. S., (Professor of Operative and Prosthetic Dentistry, Phila. Dental College,), has permitted us to state that he uses and recommends our "Gold Rolls."

DR. H. J. McKELLOPS, of St. Louis, writes us, under data Sentember 16, 1984, "Transfer of the Comment of the C

Dr. H. J. McKELLOPS, of St. Louis, writes us, under date September I6, 1884, "you may use my name in connection with your gold with pleasure."

H. C. REGISTER, M. D. D. S., of Philadelphia, writes us, "You are permitted to use my name in recommending your gold, as second to none in the world!"

From CHAS. L. STEEL, M. D., D. D. S., of Richmond, Va., (Demonstrator Operative Dentistry, University of Maryland). "Dear Sirs;—Your last ounce of gold duly received and as usual works superbly. I have used many makes of cohesive Foil, but for some time past have confined myself to yours exclusively, as I find none other so near perfection.

GOLD ROLLS (Made from No. 4 Soft Foil.)



Sizes

FOR SALE BY GIDEON SIBLEY.

# Second-Hand and Shop-Worn Goods.

ONE JOHNSTON DENTAL ENGINE with No. 2 Cone Jouanal Hand Piece, and No. 2		
Right Angle Attachment (with 20 points),	*33	00
ONE NEW MODE HEATER, complete, for Gas, with Flask, etc., good as new, -	30	00
ONE SALMON AUTOMATIC MALLET, with two points, good as new,	7	06
One Conical Base Celluloid Apparatus, complete (good as new) -	10	00
One BONWILL ELECTRO MALLET AND NEW BATTERY, with four Cells, complete in		
box, in perfect condition,	35	00
One S. S. WHITE WALL CABINET, (in good condition),	15	00
One S. S. White Extension Bracket No. 2, good as new, (original price \$18.90)	10	00
Roxing on above goods extra		

## GIDEON SIBLEY,

13th and Filbert Sts., Philadelphia, Pa.

ESTABLISHED OVER SIXTY-FIVE YEARS.

# CHAS. ABBEY & SONS,

No. 230 Pear Street,

-- PHILADELPHIA --

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# DENTISTS' FINE GOLD FOIL.

SOFT OR NON-GOHESIVE, AND GOHESIVE,

ALL FROM ABSOLUTELY PURE GOLD,

PREPARED EXPRESSLY BY OURSELVES.

## THE LEWIS

# NITROUS OXIDE GASOMETER



This Gasometer is believed to be the

## Best and Most Convenient

for the price yet produced.

Made of best Galvanized Iron, highly and artistically ornamented. All bright parts nickel-plated.

IT IS FITTED FOR EITHER A 100 OR 500 GALLON CYLINDER.

## Contains an effective Water Seal

PRICES.

No. 1, Lewis Gasometer, \$30.00 No. 2, Lewis Gasometer, \$25.00 Boxing included.

The No. 1 and No. 2 are identical in construction, the difference being in ornamentation.

The above prices are for the Gasometer and Stand alone. For further particulars and prices of complete outfit see circular, which can be obtained at any Dental Depot in the United States.

FOR SALE BY ALL DEALERS
IN DENTAL GOODS.

Manufactured only by Buffalo Dental M'f'g Co., Buffalo, N. Y.

## THE MORRISON DENTAL CHAIR.

Reissued May 15, 1877, English Patent Dec. 7, 1867.



## PRICES.

In Best Quality Green or Garnet Plush or	Plain Morocco,			\$130 00
In Real Morocco, Embossed,		•.		140 00
In Finest Quality Green or Garnet Plush,	puffed and trimmed	with	Plush,	<b>150</b> 00
Spittoon Attachment, extra		,•		4 00

## BOXING FREE.

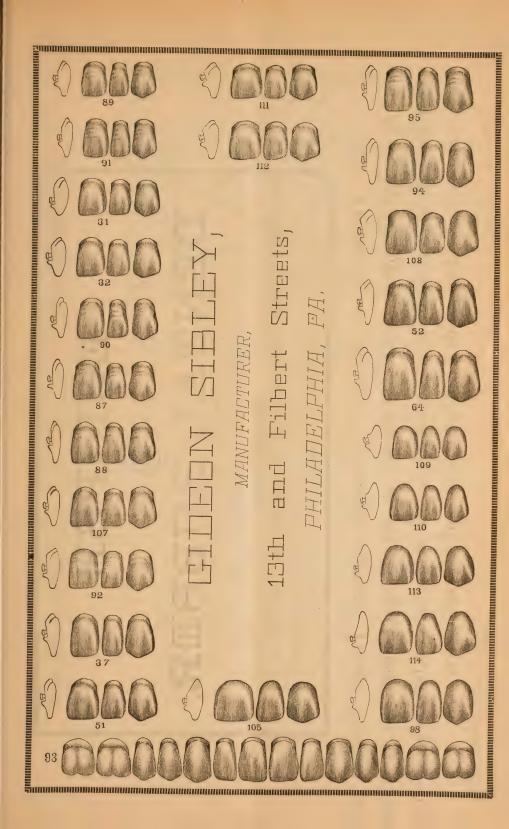
## STUDENT'S MORRISON CHAIR.

To meet an oft-expressed want of a first-class chair at a low price, the Student's Morrison was brought out. It is, in all respects, equal to the regular Morrison Chair, except that it is upholstered in a corded material instead of plush. It presents a very attractive appearance, and will wear nearly as well as plush.

#### PRICE.

## GIDEON SIBLEY,

13th and Filbert Sts., Philad'a.



# THE POUND. BCLIPSE THADE & MARK. DENTAL RUBBER. MANUFACTURED EXPRESSLY FOR GIDEON SIBLEY, Dental Depot, THE Best Para Gum is used in the manufacture of this Rubber. It is exceedingly light in weight, very tenacious and durable, packs easily, and vulcanizes same as ordinary Rubber.

or exchange for other goods for what is returned in good order. while we feel confident that it is superior to any in the market, yet, if it does not meet the expectations of the purchaser, we will gladly refund the money, This Rubber is of the class commonly termed Tough Rubber, and

PRIGE REDUCED.

PRICE, { IN 10 LB. LOWS, 2.48 PER POUND, \$2.75

### GAULK'S FILLING MATERIALS.

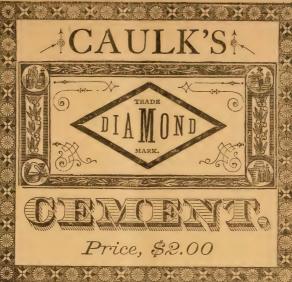
(ESTABLISHED 1877.)

PRICE

Two Colors.

Gray & Yellow.

Per Package.



One Color,

Gray,

Yellow

Medium, Light

\$1.00

Per Package.

This Compound now Stands WITHOUT THREE TO FIVE YEARS' TEST, BY LEADING DENTISTS THROUGHOUT THE WORLD, HAS PROVED ITTO BE ALL THAT HAS BEEN CLAIMED FOR IT.

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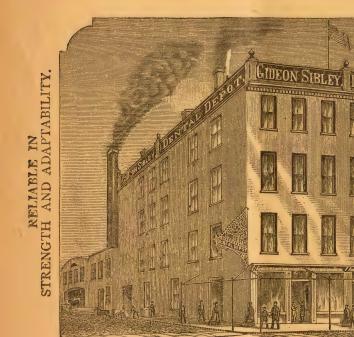
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A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., EDITORS.
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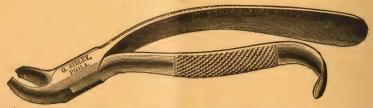
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#### VERMILOGICAL.

BY ELTON R. SMILIE M. D., SAN FRANCISCO, CAL.

It has been a long recognized fact that human organized bodies, as well as the lower orders of animality project in vermiform germination the continuation of their species, and that, as in vegetable reproduction, each genus can be improved in physical stamina by ingraft in kind from remote source. The animalcular constituents of spermatozoa were for a long time questioned, even after microscopic investigation had exposed its vermicular nature, in development, as the source of propagation.

All the elements of organized vitality, in action, express in conformation of source, and tendency, the undulating motions of the worm. Even atomic matter, free from the cohesive process of agglomeration, when subjected to the counter influence of motor attraction and repulsion, from variations in preponderation and elementary constituents, assumes in current course the relative synchronic undulations, which from the reciprocity of motion in organized life has given expression to the term vitality.

Motion presupposes sound, more or less audible from degree of acceleration and friction in counter course with objective action and matter acted upon. The distinguishing attributes of motion are derived from organic or inorganic source. The development of the organic is by nutritive growth from digestive assimilation, and readaptation of kind, and inorganic by the cohesive attraction and accretion of elementary constituents each contributing to the structural determination of predisposed maturity. The characteristics of the inceptive material and process of disposal determines the

organic nature and functions of the being's or vegetation's birthright, and becomes normally a model for specie propagation. As every representative existence possesses an inherent congeries of organs, more or less complicated for functional reciprocation in the assimilation of nutriment, in the order of generic disposal, which naturally determines the birth perfection and normal requirements for the unity of preservation and reproduction, we can but recognize instinctive and mental perception as grade sequences necessary for the fulfilment of creative intention.

The diverse lack of uniformity in the mental endowment, demonstrates the grade of cultivation from the specie distinctions of instinct, and to the analytical observer makes apparent the requirements necessary to establish unity in progression. Unfortunately, the crude impressions of instinct hold ruling sway, and are so blended with the mental, that distinct intellectual impressions founded upon rational investigation, for the tangible improvement of capacity, lack the essentials required for unity of action. As per sequence the mental development is dependent upon the physical for normal expression and uniformity, inherent induction indicates for unity of judgment in action the adaptation of sustenance to the requirements of healthy digestion and assimilation. To attain this happy desideratum in redemption from the chaos of theories begot from pampered indigestion, would, with fixed reasonable determination on the part of public teachers, require at least the millennium period of probation to initiate a system free from inherited prejudices of thoughtless stupidity. Induction naturally presupposses upon the foundation of this normal reorganic basis, that the spermatozoic elements should be inherently reclaimed and arranged in the generic order of normality for functional service, at the ejective period, to insure the copulative impression of regeneration.

So, to generic life the worm is beginning and ending,
For vitality, on its own decomposition depending,
And in resurrected recomposition constantly blending
Some adverse elements, which with the old are ever contending.
These germs hereditary in accumulation extending,
From each generation lessen normal power for defending—
The organs and tissues in action, as a whole comprehending
The mental, a grade link of instinct above brute understanding.

Thus, as the proximal and ultimate element of vitality, the worm in congeries becomes organized matter, and acting and acted

upon by cohesive and repulsive attraction are substance and motion subject to inherent specie volition, which in realization is life, this, and no more; — if we except an innate conception of capacity from mental impression, that inspires the almost universal belief that the sentient principle is immortal, and capable of expressing from unitized cultivation beatific sympathy with a regardful interchange of influence for common welfare, that in disembodied congeniality would become eternal, and fulfil the conception of a future recognizable existence of unalloyed happiness independent of worm mutability. But, unfortunately, the dissentient theological tails of the universal worm have not been unitized for practical assurance upon this subject, and we are left to the uncertain ties of sectarian religious instinct, with wriggling faith to work out our salvation from the materialism of our earthly existence, and will consider the mundane influence that some of the known species exert upon the organized congeries that compose the human system, and as parasites detract from the unity of functional reciprocity. Each nation. and the families that collectively are apportioned to the governmental control of the peculiar systems established for the division and subdivision of subjective dependency by civil codes for the regulation of intercourse, necessarily cultivate customs and habits in accordance with the arbitrary restrictions imposed.

Inasmuch as the laws deviate from philosophical simplicity, and are partial in the liberty of action, they will beget habits at variance with the normal indications necessary to be fulfilled for the functional preservation of the human system. For impartial laws, that assume arbitrary control of the ways and means required for physical support, necessarily impose upon the weak in greater or less degree the penalties of servitude; and poverty, however engendered, begets not only the beggar parasites that haunt our public places, but beget those of contagion which defy the boundaries of artificial distinction, and as with the wing-invested seed of vegetation, the verminous ovules overreach sanitary precautions in their epidemic flight and inoculate the predisposed for decomposition and recomposition into new forms of existence such as the physical laws of attraction may devise for reorganization.

Fanaticism,—the germ source of religious oppression and evident origin of partial civil governments, which inaugurated tyrannous individual rule over the masses of humanity, — in verminous demonstration, might aptly be termed the spermatozoic passion.

As an illustration of the vagaries of this dissentious passion,

when the parasitic element holds national or ruling individual sway, in decadent tendency, we might cite in verification all the religious, and sequent political transitions within the scope of history, as well as the pseudo scientific investigations of the worm prompted brains of the modern microscopists, who like the star gazing astronomers, delight in localizing with the names bacilli, micrococci, &c., the organic viscera firmaments of the human system, when distempered with the parasitic asteroids that threaten decomposition.

As a rule, those with parasites most infested, are with those of others the most interested. But the Germans, who have been pre-eminent in microscopical perception, have only carried their investigations within the scope of classification, without attempting to endow their specie discoveries with the practical advantage of the means necessary to rehabilitate the organs and tissues for healthy functional service. Indeed, their labors have proved a nullity for practical adaptation, if we except Virchow's, the German trichine god, who tooled by Bismarck tabooed pork exchange, and snubbed the Yankee nation with the idiopathic plea, "that for trichinae cut up there was no prevention," for as like to like inclines, the infectious worm living in Jonathan's hog defunct, would be revived to haunt its native source in living Teutonic swine. But as squirming and crawling evidence is in positive degree apparent as the proximate and ultimate element in physical organizations, so in man the mental instinct conforms to the bodily impressions, unless cultivated for the higher reach of affectionate intellectuality, which can be made to realize a happy existence independent of its material bondage, with the hope assurance of immortal perfection. It would seem natural and legitimate that investigation should be prompted by a desire to discover when the worm-element of our organizations merges from the normal into the abnormal constituent, and becomes as a parasite distructive to the functional requirement necessary for the systematic preservation of vitalized unity.

Of the recognized parasites which infest the intestinal canal of humanity, the tania solium is one of the most dreaded; but not from any exact knowledge that has as yet been obtained of its food source of germination, or exhaustive tendency of its inroads upon the physical system, but from its formidable armature, length, and difficulty of entire expulsion. Of the vermiform parasites that infest the internal passages and tissues of the animal economy, it is the only known species that possesses in a marked degree crustacean

analogies, with the deciduous reformative characteristics of the cancrine genus. In its generative powers of detached propagative vitality it is also singular as far as its type gradations are known. Its deciduous sections, upon magnified examination, are found to possess all the organic parts required for separate existence and propagation; the centre of each segment being occupied by generative organs of both sexes which have alternate tubular outlets, with right and left side connections for every other segment, giving rise to the supposition that the alternate arrangement is necessary for the perfection of the sexual system in preparation for detachment. As each segment is constantly producing a large number of eggs, it has been a source of wonder to the medicoentozoic zoologist that there should be comparatively so small a number of the human family afflicted with their presence in the intestinal canal. The German anatomists, from post-mortem examination, have stated that it is rare to find more than one of the species in the intestines of the same person. But they seem to have overlooked the fact of detached vitality, which, when thrown off from the vermiform chain, is capable of continuing and propagating an isolated existence, that with a series of transitions finally assumes in adaptation to circumstances crustacean peculiarities. This metamorphosis, of adaptation and translation, seems to be an attributive peculiarity inherent with, and belonging to the entire class of parasites, that distinctly indicates the connecting and continued link of source with mother earth. The ascaris lumbricoides when dejected with fecal matter from the human organization, readily adapts itself to the progenitorial habits of the lumbricus or earth worm; and the initial simplicity of anatomical structure and almost unitized intestinal arrangement for nutriment absorption and assimilation, bespeaks the lowest link of physiological organization, that in birth germination produced the proximate of the vital series that in progressive emanation culminated in the ultimate development of the human system.

The student of nature would naturally question the influence of these parasites, if at any period useful for equalizing the organic congeries from food oppression in excess of the powers of digestion and healthy assimilation. Or whether their multiplication was not an indication of a breeding source from substances taken as food possessing, or overcharged with elements opposed to the process of nutrition; for it appears that some one or more of the multiplied vermicular representatives are ever present in predisposed portions of

the intestinal canal. Children, who lack the judgment that constitutes the guard of experienced perception, are from the indiscriminate indulgence of appetite most subject to the breeding infliction of these medium pests, which serve as constant reminders that the most highly organized affinities of mortality are of earth-worm origin and tendency, and that the only possible guarantee of immortal independence is from the cultivation of that equally apparent principle of life, although intangible, that is expressed in the relations of mind. which in its studied perfection assures us of an affectionate interchange of spirit congeniality, that outreaches the individual boundaries of mortality and becomes eternal as an element of boundless attraction. But as body preservation, with its properties, is in expression the "chief end" of man, although extremely paradoxical in the means employed for attainment, - even with the advisorial aid which prompted the inauguration of the three professions, - a similitude can be drawn for the illustration of tendencies by a studied consideration of the influence exerted pathologically by the tænia solium upon the teeth of the human species, which are in an objective sense, both naturally, and by artifical proxy, the arbitrators that determine with, or without well masticated judgment, the food preparation required for easy digestion and assimilation; but in an overwhelming majority the palate dictates the selection that has been established by hereditary habit.

While practicing as a physician in Northampton, Mass., they were building the causeway embankment for the railroad across the valley of the Connecticut, and the laborers of a section were by contract placed under my medical supervision. Among my first patients were the three children of a subcontractor from the suburbs of Berlin, Prussia. The eldest, a girl of ten years, had just "cut" the two front incisors of her second set of teeth; the roots of the deciduous although decayed to the gum attachment of the neck, still remaining firm in their sockets without affording any clue to judging of their original birth outline of conformation, except the pathonognomic peculiarities of the structural affinities, which from the development of fibrous decomposition indicated a disproportionate preponderance of the animal over the earthy salts. As perfection in the normal contour of the teeth, is dependent upon the pari passu development of the structural elements in their proportionate degrees to insure cohesive resistance to the chemical reaction constantly taking place in the mouth laboratory, from variations in food substance and liquids to which they are subjected in the

functional performance of their initial part in the process of digestion, it was evident that there had been in this instance an extraordinary deficiency. As a leading indication of abnormal impression for investigation in tracing cause to subsequent effect. the forthcoming incisors had their cutting edges serrated, bodies pitted, and were laterally indented to an extent that produced repulsive disfiguration. In their substance organization they presented anomalies equally attractive for repulsive observation, which subjected the otherwise agreeable personalities of the child to unpleasing comparisons that rendered her disposition morbidly sensitive and her habits studious. Upon an examination of her younger sister's and brother's teeth, although their ages were respectively eight and six years,—that with the physical energy of well developed childhood, without special retarding cause, accomplishes the process of first dentition, — the remains of the "milk teeth" were still retained, with the gum and deciduous alveoli still intact in attachment to the necks of the teeth. The same fibrous development of animal structure in excess over the earthy was apparent, and in those sufficiently preserved for the outline retention of form, the serrations and indentations were as manifest as in the two second incisors of the eldest sister, affording almost conclusive evidence that the germinative cause was hereditary. The conjoined evidence of cause similarity in producing like effects in the children, from congenital germination, was confirmed by the parents who stated that it was a family mark that was common in many parts of Germany, and they recollected that it was a traditional legacy that in transmission reached as far back as their great grand-parents. When questioned, whether any cause had been assigned for so marked a variation from the uniformity of tooth production in the generality of mankind, they replied that they supposed it happened the same as it did in Scripture times when men and women were occasionally born lame and blind. As they were of a class whose limited reasoning powers are lacking in all the essentials of deductive perception, the only alternative for exact investigation prompted an inquiry to learn the alimentary habits and customs of their ancestors who enjoyed the special distinction of serrated and pitted dental proclivities. They said that their families had always had the reputation of possessing unthrivingly good appetites for food that was costly in Germany, which with the pocket ability to obtain was irresistible and the gratification had kept them wedded to proverty. In naming over the food preparations which afforded their appetites

especial gratification, scraped raw beet, and uncooked eggs with bread were from cheapness the most common articles of diet, and for luxuries the crustacea were in constant demand, and with the privilege of unlimited indulgence could hardly be appeared. Yet, they were always noted for being a lean and hungry race, whose greatest satisfaction was derived from the use of their teeth, when free from toothache, which seemed to be an almost constant proviso for their restraint. Extending the clue of investigation to physical impressions, they answered, that they supposed, like others, "they sometimes felt better one day than another, but take it altogether, leaving out a general feeling of weakishness and hunger about the belly we and our children appear to enjoy about as much health as the general run." Although evidently educated above the grade of the ordinary laboring Germans, their reasoning perceptions were not acute enough to discover, or trace from analogy that there was an existing cause for the "weakishness" and extraordinary hunger that distinguished them from their kindred and neighbors, "so that their food, however good, and nourishing, seemed to run to waste."

Prompted by the symptomatic hints, the administration of the compound etherial extract of felix mas and colocynth soon produced a movement, which the little patient described as a crawling sensation, which continued for twelve hours, and then her watchful intelligence detected a change in the movement, which she expressed, as a feeling "as if something was rolling itself up into a ball inside." An examination through the emaciated abdominal integuments exposed to the touch a ball as she had described, still retaining some evidences of motion that pronounced its own diagnosis as tænia solium self-drawn from its intestinal haunt and coiled or balled for protection against, to it, the poisonous effect of the drugs.

To dislodge and eject it from the rectal sac a strong dose of aloes was administered with the desired effect, and with the exact knowledge obtained of symptomatic effects with variations of adaptability, the whole family were rid of their exhaustive hereditary intestinal pests. With the foundation for investigation established by this initial introduction, and continued with sought for opportunity, through a long series of years, abundant evidence has been obtained to substantiate the following conclusions.

First. That parasites transmitted by hereditary incorporation of sporules or ovules in the process of vivification and alimentary

development, derive the necessary supply of sustenance for the specie simplicity and special requirements of organized adaptation, by creating a morbid craving in the parts they inhabit to influence appetite for the selection and extra amount to be subtracted for their support.

Secondly. In holding control over the supply when prepared for the absorbent system they prey upon, it is deprived in the formative stage of infancy of the normal ingredients that promote the relative development and growth of the organized parts and tissues of the human body.

Thirdly. As the phosphate of lime and other earthy salts enter largely into the armature of the tænia solium, their abstraction must necessarily impair the constructive energy and perfection of the human frame for which they were designed. The structural support to the organic and tissue investment, as well as muscular leverage required for voluntary and locomotive action being entirely dependent upon the stability of the skeleton to resist the contractile force of functional exercise, parasite appropriation must in degree impair the constitutional energy of the whole system, and unfit it for resistance to the manifold sources of deleterious attrition to which it is exposed.

Fourthly. In demonstration of the prime cause that invites parasitic germination, — investigation and experience proves that the digestive solvents of healthy secretion are limited in degree of correspondence to the hereditary standard of transmission, and that inasmuch as the food ingesta exceeds their capacity for the production of healthy absorptive nutriment, there is lodged in the intestinal canal a more or less active source of irritation, in substances deprived of the digestive antiseptic qualifications necessary to prevent germinating decomposition.

The child unconscious of these adaptive limitations of supply to need requirements, is urged by taste to exceed the bounds of prudence, from the stimulation of plenty, and cupidity that defies expostulation while he possesses holding capacity; and glutted to distentious inertia breeds with fruit decomposition lumbricoides and becomes pest infected, and subject to the doctor's vermicidal and homicidal drugs.

The German physicians, in like manner heedless to the promptings of physiological investigation, and the adaptation of means to ends, are ever on the alert for the pursuit of will-o-wisp fantasms of microscopic investment, which bespeak in full fruition only the

discovery that the congeric organism of species is dependent, in proximate and ultimate development, upon vermicular communism; and unless we accord to them the philosophy of unreasoning extremes, that causes the cannibal to inhume his enemy and friend alike, in his own body, for the perpetuation of kindred barbarity, it would be hard to understand their directive indifference to, and defiance of the natural physiological laws that with tested preservative investigation should set prescribed boundaries for dietetic regulation. From their exampled habits, it has been reduced to proof positive that uncooked food of any discription eaten in excess of the digestive solvents required for its healthy absorption, breeds by decomposition the disseminating germ for transition recomposition. Raw beef however condimented, taken in excess of the required action of the digestive solvents is sure to breed the tænia solium, and although not so deadly in human development as the trichina of pork, it leads in transmitted hereditary endurance to bony depreciation of the jaw structure and enamel of the teeth indicated by serrations, pitting and ringed depressions when subject to congenital infliction.

(To be continued.)

#### IS A TOOTH A LIVING BEING?

BY T. DWIGHT INGERSOLL, ERIE, PA.

The death of a tooth-pulp without an obvious cause as recorded in the July number of The Dental Practitioner, by Dr. H. H. Edwards, of Madrid, Spain, is a matter of considerable interest, as it leads the mind away from common occurrences, stimulating a search for a cause in some remote region of the system before development had been fully completed.

Dr. Edwards names several immediate causes that may or may not have destroyed the pulp that came under his care, but it is difficult for the mind to rest on any one of these with a feeling of certainty that the real cause has been discovered. We are therefore driven, as it were, to look for something, which seems to have no relation to, or connection with, the immediate death of the pulp. The territory to be investigated is a broad one, and as the "field of vision" extends over but a small portion we ought to move the

"point of sight" from place to place until the entire region of possibilities has been covered by the microscope.

If the history of the tooth under consideration could be ascertained it would probably show an imperfect development. Certain conditions are required for the development of any organ in the animal or vegetable kingdom, without which that organ will be more or less imperfect, though it be intimately connected with other organs that are without blemish. During development and all along the track of life there are constant interferences that menace the welfare of every living thing. It may, therefore, be imagined how liable the dental organs are to become not only imperfect, but also debilitated, so that some slight disturbance may be the exciting cause of disease and death.

A better comprehension of the subject may perhaps be had by regarding a tooth as a living being, which organ when in an inflamed state, may also be in one of exalted sensitiveness equal to that which any organ of the body has ever experienced. In the case cited by Dr. Edwards, the patient while at breakfast "happened to place the tip of the tongue against the lingual portion of the festoon of the gum, and experienced such an intense—as it appeared to him— excruciating nerve-pain, that until examination proved to the contrary he believed it must have arisen from an exposed pulp beneath the margin of the gum."

It seems that inflammation of the pulp involved the alveolodental membrane, which after it had reached the gum and had risen to the acute stage a telegraphic communication was established between the gum and pulp, the connection being so intimate that the pulp was almost as sensitive to pressure on the gum as if the same amount of pressure had been applied to the pulp. Sensation under like conditions travels as speedily as thought. Indeed the body is a mammoth nerve-mass or brain which seems to originate thought at various points aside from special organs, though that has never been fully established. In this case it was, if nothing more, the occasion of various thoughts.

The inflammation and nerve-pain was, doubtless, the result of a cold, as the exciting cause, but why this tooth was attacked instead of another was perhaps on account of previous irritation produced by a change of position in the maxilla, as was stated, by some mechanical device when the patient was young. Why the tooth did not take the right direction during eruption may or may not have been on account of unfavorable systemic conditions to

which those who wish to make further inquiry are respectfully referred. The reason why Nature permitted physical laws to interfere with the laws of the organic kingdom has been asked for a thousand times, but no satisfactory answer has ever been given because there is no reason for anything that has been brought into existence the action of law. Nature seems to be blind and deaf to reason and is arbitrary in all her ways. A reason was never given for any thing until man came into existence, endowed with reason, and since his advent Nature has seemed to be perfectly contented in allowing him to manifest the little he has in his own way.

We now realize in some measure that our knowledge of life is somewhat limited: but the time is coming it is hoped when there will be less difficulty in solving some of the mysteries of life-phenomena which now engage our attention, for there seems to be a determination in the minds of some to step across the small meandering streams of theory into the great rivers of knowledge that go down to the ocean where nothing but facts abide. Life and lifephenomena will never be so fully comprehended as they ought to be so long as we cherish the idea of an entity in the dental organs that dominates development and functional action both in health and disease. All facts that seem to be antagonistic to the idea would of course be set aside, and hence investigation would be partial and result not in accordance with all the facts. Nature cannot be fairly viewed through spirtualized spectacles where the vision is distorted by preconceived ideas and vague theories: a better medium is the microscope through which nothing can be seen but nature. "The Temple of Science' is no longer on a summit, accessible by a balloon, it can now be reached only by hard digging into the heart of the mountain.

### DIAGNOSIS AND TREATMENT OF DENTRITIC CYSTIC TUMORS OF THE JAWS.

BY JOHN S. SMITH, D.D.S., LANCASTER, PA.

Diagnosis.—Cystic tumors may be confounded with other affections which occasion swellings about the jaws, as enchrondromata, sarcomata, and myxomata, abscesses, and the collections of fluids in the antrum. Dental alveolar abscess may be distinguished by

its acute course, and when in a chronic condition by the discharge of its contents through the fistula, either upon the gum, or within the oral cavity. The tumor formed by an abscess is never so sharply defined as is the case with cysts; with dropsy of the antral cavity the distention of the facial wall of the jaw is more uniform than it is with cysts.

In some cases of cystic tumors, they present so formidable an appearance at first sight, that they may be taken for solid tumors; especially is this so when their walls are compact and well organized, nearly if not altogether obliterating the sense of fluctuation when pressure is made upon them.

Cases have come under the observation of the writer where it required the most delicate touch to detect any fluctuation when pressure was made upon the apex of the tumor.

In some cases the diagnosis cannot be determined accurately until after one or more teeth are removed that are involved with the tumor. After such operation, a probe carried through the alveolus will usually reveal the true condition of the lesion. One or more dead teeth are found involved—one, however, being the rule in most cases which have come to the notice of the writer, while two, and sometimes three, are implicated with the tumor. The dead tooth may be easily distinguished from the living ones by its opaque appearance. Such tooth may be carious, and it may not.

Primarily the dentritic cyst originates from what pathologists call a "cold abscess," that is, an abscess which has never opened; subsequently, having developed into a tumor. The interior of the cyst has a fibrous lining, and being compact in structure, is the seat of an inflammatory process. The cyst contains a puriform fluid: it may attain such magnitude as to invest several teeth and extend beyond the alveolar process. The tumor is usually oval in shape, with its apex on a line with the diseased tooth directly involved. The size of the tumor may be as large as a hulled walnut, or as small as a hazel-nut; crepitates under pressure, and feels like parchment. In cases of long standing, considerable resorption of the alveolar process takes place, and the teeth immediately connected will be loose; especially will this be the case if the alveolar borders are broken; these teeth should be removed. These tumors are found painless, as a rule. I have met with cases, however, where an acute inflammatory condition was present, with all the symptoms of acute periodontitis manifested. So that it could have been readily mistaken for the pointing of an alveolar abscess.

Pathology.—Cysts of the jaw may be either simple or compound; whether they be cysts of retention, exudation cysts, or extravasation cysts belonging to the jaws, is a matter not as yet fully established. The exudation cyst is a secretory cyst; in a generic relation, however, it is just the opposite of the retention cyst. Serous sacs form the foundations of the exudation cysts. "The mode of development of cysts of the jaws," says Wedl, "has not yet been determined; it therefore becomes necessary, in order to throw more light on the subject, to pursue further anatomical investigations in that direction."

Rindfleisch says: "The accumulation of the fluid is not produced by the continuance of the normal secretion, but by an exudation surpassing the normal measure of the serum of the blood with salts, albumen, fibrinogenous substance, and extractives, in the most varying proportions. The exudation cysts have little to do with pathological new formation. Of extravasation cysts," he says, "a parenchymatous bleeding can very well be the point of departure for the formation of a cyst. The hemorrhagic depot can present itself primarily as a cyst, namely, when the blood is poured out between two surfaces in themselves smooth; for example, bone and periosteum, cartilage and perichondrium, and thereafter remains fluid. As a cyst may also be formed when upon the one hand the limitary parenchyma furnishes a connective tissue membrane, upon the other hand, the blood itself is resorbed through a series of metamorphoses up to a small remainder, and is replaced by a clear fluid."

The above-mentioned condition is liable to manifest itself within the body of the jaw, the bone and periosteum, after severe mechanical injuries to the bone, and the rupture of blood-vessels within the parenchyma. There can be little doubt that many of the so-called dentritic cysts of the jaws have their origin primarily from causes brought about by falls, strokes and mechanical violence, causing rupture of blood-vessels. It is quite true, history of cases fully confirms such facts.

Clinical observations lead us to believe, however, that only in cases where the abscess does not open, we find the pathological new formation taking place within the jaws. Pulpitis, and as has been observed, followed by pericementitis and periodontis, is a prolific cause of the development of the dentritic cystic tumor.

Treatment.—The removal of all dead teeth involved. Other teeth whose pulps are living may be loose, and to a casual observer

appear to be complicated, but a careful examination will reveal the fact that they should not be disturbed but retained in their places; only one tooth may be the offender, being a dead one which has caused the trouble. After the removal of the cause, let it be either one or more dead teeth or fangs of teeth, cyst walls may be punctured with a sharp instrument, and the contents of the sac released, this being done by carrying the instrument through the alveoli, and not through the bony parietes of the jaw. After the contents of the sac is let out, and the sharp spicula of bone trimmed, with engine burs, tincture of iodine full strength may be forced into the cyst sac, by saturating tufts of cotton-wool and allowing them to remain, again repeating the treatment at intervals of a day. If necrosis of bone be present, it is good practice to alternate the iodine treatment with aromatic sulphuric acid. Cases generally yield to this treatment in from six weeks to three months. I have seen cases not yielding to treatment for nine months. There are other and shorter methods in the treatment which perhaps some would prefer—the cutting down through the body of the tumor, by making a crucial incision and scraping out the contents of the sac, afterwards allowing nature to do the rest-but I do not believe it is the best or the safest way. There is surely a much greater loss of structure, which is never restored as in the former method by granulation, after the secreting cells have been destroyed by medicinal applications of iodine and sulphuric acid treatment. - Medical and Surgical Reporter.

#### DISINFECTION.

Whether misroscopic organisms be the cause or consequence of disease, or whether these organisms be in themselves or in their pabulum, or by their spores, agents of infection, it must be admitted that their agency is limited and controlled by conditions of time, place and circumstance, and that therefore these conditions become at least equal in importance to the organisms themselves. That is, there are at least two factors to the process of infection which if not of equal value are equally indispensable, and which bear a relation not unlike the interdependence of the sexes.

While biological investigations are pushing one of these factors, — namely, the germ theory of the origin of disease, — with the

greatest ability and activity to results of great importance, the other factor is not investigated with the same activity and enthusiasm, but is rather left to the wandering devices of empiricism.

If there be a specific germ for each infectious disease, and that germ be of itself perfectly infectious, every germ should produce the disease under all conditions, and it would be only necessary to control the germs to limit the disease, and to kill all the germs would be to eradicate the disease. It is known, however, that no infectious disease has been eradicated, and it may therefore be inferred that the germs are not absolutely controllable. But it is also known that many infectious and epidemic diseases were controlled and their ravages prevented long before a germ was thought of, and by processes of disinfection that were not germicide in the present acceptation of that term.

It may be concluded then that the process of infection requires first, a power to infect,—or infectious matter; and second, a condition susceptible of being infected, and practically, that infection cannot occur without both elements to the process. Perfect disinfection will therefore result from a control of either one of the elements essential to the process, whether the other be controlled or not. If this be true, however, it by no means indicates that either element of the process should be considered to the exclusion of the other, but rather that each should receive due attention, and thus most effort will be expended upon that element which is within easiest practical reach.

Some modification of the germ theory being admitted then, germicides become very important agents in disinfection. But as it is manifestly impossible to reach all the germs of any disease, the older, and thus far the most effective practice of cultivating and extending the germ-proof condition becomes of more importance still.

Almost all that is absolutely known of this germ-proof condition is embraced in the general acception of the word cleanliness. Personal cleanliness may not always render single individuals germ-proof, but community cleanliness would probably render communities germ-proof, for, as a matter of fact, the cleanest districts are least affected by infectious disease, even in epidemics when the germs are in such enormous numbers as to be present everywhere in almost equally effective force. Irrespective of the conditions of being well fed, well clad and well housed, the cleanly classes of all communities appear to suffer least from infectious diseases whether

such occur in sporadic or epidemic forms, the number of cases as well as the number of deaths being fewer.

Therefore as uncleanliness is wilful and voluntary, and is never enforced or compulsory, disease from it must be regarded as the penalty of broken law, and illustrating forcibly the expression of Emerson that "The law at the foundation of all things is retribution."

There are not only various kinds of uncleanliness, but various degrees of the same kind, which variously intensify the forces of infection, and those which are most hurtful, in both kind and degree, involve some process of destructive or reconstructive decomposition. The elements of filth are innocuous, whether separately or combined. and probably afford no pabulum for germs, nor any organic poisons of any kind, until a series of chemical reactions occur which ultimately result in such harmless products as carbonic acid and water. But these products are reached through complex stages which yield generation after generation of microscopic life, and of poisons like the ptomaines. How this kind of filth, which accumulates around human habitations and becomes most hurtful where uncleanly human beings are most numerous,—tends to multiply and intensify infectious diseases, is not understood, but that it has such an effect is not doubted; nor is it doubted that this effect is produced by the chemical and biological processes of decomposition. It is not then the elements of the filth which promote infection, but the processes by which they are decomposed, and the problem for disinfection is to remove or destroy the elements, or to prevent, arrest or modify their hurtful processes.

Most of these processes,—if not all of them, are of the nature of fermentation, and as such are arrested with comparative easy by a large class of chemical agents, and it is in this way that these become disinfectants.

The entire atmosphere being filled with microscopic germs, and in this sense always infected, every object directly or indirectly exposed to it is abundantly supplied with such germs awaiting the conditions necessary to their development and multiplication; and in general terms these conditions are first a pabulum and then warmth and moisture. Without the chemical reactions which yield them pabulum or food they do not develop, and without these they may have neither of the other essentials to development. In this condition immense numbers of them doubtless die, and others linger upon the border line between life and death, to be easily destroyed by many agencies in many ways. But a comparatively small num-

ber simply await the conditions necessary to development, and this number is doubtless controlled by the law of "survival of the fittest." They are, however, harmless without the conditions for development, and as these conditions, though present, may be more or less favorable, the development will be more or less active and more or less hurtful as the short-lived generations maintain the perfect type or degenerate from it.

Disinfection, then, means either the prevention, the modification or the arrestation of these processes, whether it be in the body and its surroundings in individual cases of infectious disease, or in the uncleanliness of whole communities,—whether the germs be those special to a disease or those of the general processes of decomposition,—and disinfection may be perfect, or as complete as is possible under the conditions of the problem, without absolute destruction of the germs or poisons.

It is altogether improbable that the infectious material of any case of disease, whether this material be germs or not, can all be destroyed by any disinfectant or germicide however potent, or however copiously applied. All that can be rationally expected is to diminish the chances of spreading infection to a minimum; and this will be accomplished not so much on the proportion of germs destroyed, and germs from which the conditions of development are withheld, as by surrounding the case with germ-proof conditions of that absolute cleanliness which so reduces the susceptibility to all infection.

In some such way is disinfection well applied to both factors of the process of infection.

The doctrine of some biologists that no substance is disinfectant which is not a germicide seems liable to misconstruction, not only because it does not apply equally to both factors in the process of infection, but also from two other considerations: First, as to whether a given substance is a germicide or not, is often a question of quantity or proportion, and this is decided by the effect upon special organisms in special cultivation liquids. A substance in a stated proportion in a definite time kills certain organisms, and is, therefore, a true disinfectant because it is a germicide. Another substance in greater proportion or in a longer time also kills these same or other organisms, but is not considered to be a disinfectant because of the larger quantity or longer time required.

Again, antiseptics are not admitted to be true disinfectants, because they do not in small proportion kill some specific organisms of cultivation fluids, nor prevent their multiplication. But this ap-

plies only,—and is intended to apply only to the germ factor of infection, and this under artificial conditions that may be similar to this factor in natural infection.

The biologists nowhere doubt the value of antiseptics in the case of the second factor of the process of infection, namely, in preventing or arresting those processes through which uncleanliness and filth develop the susceptibility to infection, and without which susceptibility the germs are comparatively inoperative.

It matters little practically whether a given agent kills the germs or so modifies the conditions around them as to render them harmless, as antiseptics appear to do even when not in sufficient proportion to be germicides.

Antiseptic dressings to wounds and injuries, whether acting as true disinfectants or germicides, or merely as systematic forms of scrupulous cleanliness, have done so much to reduce mortality and mitigate suffering that their value can hardly be disputed.

Again, in the treatment of all forms of filth and uncleanliness in communities or districts where the authorities have not the power or means to prevent or remove the accumulations, antiseptics, by preventing or arresting the chemical processes which precede and accompany the biological processes, serve to limit and control the spread of infection which would occur without them, and thus they become true disinfectants, though in the proportions used they may not be germicides, or by preceding the germs may have none to kill.

A very large number of chemical substances appear to be actively disinfectant in this sense. Selections from them are generally made for such uses in proportion to their activity and low cost, and thousands of experiments are on record attesting their efficacy and comparative value. If any of these antiseptic substances or anti-ferments be added to filth the proportion sufficient to prevent or arrest the septic processes or fermentations until the filth dries up, or is washed away, it serves to purpose of a true disinfectant, though it may not kill a single germ among the millions, dry germs being harmless and being destroyed in vast numbers by natural causes.

In this kind of disinfection the chlorides and nitrates appear by long experience to be most effective. The time when chloride of sodium was first used as an antiseptic is probably prehistoric, and the same may be said of some organic substances of the aromatic series. The antiseptic and disinfectant properties of smoke are probably almost as old, although the same agency has been investi-

gated only within the past twenty years in the phenols or carbolic acid class of substances.

As infection is a very delicate, sensitive process, partaking much of the nature of a fermentation in being almost as easily prevented and arrested, so the substances which prevent or arrest it are very numerous, and usually effective in small proportion under definite conditions. It is like fermentation also, in that it appears to be caused by matter in a state of internal tension, which, under favorable conditions, enters into molecular commotion and change, multiplying itself and splitting matter around it into new forms which did not before exist. Hence it happens that two distinct classes of substances are applicable in treating it. And here, again, the one class destroys the infecting substance, while the other class so modifies the material to be infected that it is no longer susceptible to infections, and the result in practically disinfection in both cases or in two ways.

If infective matter is to be destroyed, whether it be in its quiescent state of readiness to infect, or in its active state of multiplication and extension.—it is found to be most sensitive to agents which like itself are in a state of tension and proneness to split up. For example, all chlorides are disinfectant, but those which in reacting with organic matters are reduced from a state of tension to a state of equilibrium or rest, appear to be most active. It seems probable that mercuric chloride in reacting with infectious material is reduced to mercurous chloride, both the free chlorine and the reduced salt entering into new combinations with the infection. Hypochlorites of calcium and sodium, and all other hypochlorites. are in a state of tension, and prone to split into chlorides and free or available chloride. But it is doubtful whether this available chloride is ever really free. It is merely freed from one base in the act of combining with another, exerting its maximum power in the process of changing bases. Chlorides of iron and zinc are both excellent disinfectants, and both when in dilute solution are ready to split into basic and acid combinations in the presense of organic matters with which they unite. Ferric chloride is especially prone to split in the presence of dilute solutions of organic matter. The effect of this chloride in small proportion upon sewage water is most remarkable, disinfecting and deodorizing it very completely, and leaving neither its iron nor its chlorine in the liquid unless used in excess. This remarkable effect was noticed many years ago by Dr. B. F. Craig, of the U. S. Army, upon the turbid waters of the Mississipi river, a few drops of a moderately strong solution being sufficient to clear a gallon of the water without leaving in it any greater proportion of either chlorine or iron. That is, both elements of the split went down with the precipitate caused or facilitated by the combination.

The intended drift of all this is to suggest that there are two distinct methods of disinfection which should be applied together, but which are still entitled to be considered separately, because they may be, and often have to be practiced separately, especially when epidemic forms of infection are to be prevented or combated. The one method is to destroy the infection, and the other is to change its pabulum from a condition of susceptibility to one of insusceptibility, wherein infection becomes more or less inoperative and harmless. The ideal normal condition of health does not admit of infection in any form, and therefore as the natural laws of health are obeyed or broken, infection will be less or more common, and less or more virulent.—Ephemeris of Materia Medica, Pharmacy, Therapeutics and Collateral Information.

#### THE FUNCTION OF THE THYROID GLAND.

Most works on physiology pass over the thyroid gland with a very superficial mention. It is said to exercise some part of importance in feetal life, no one knows what. In extra-feetal life it is said to partially atrophy, and to be merely a useless organ to the adult—rather worse than useless, as in goitre it becomes inconvenient, and sometimes dangerous.

This shows how little we know about human physiology. Recent researches have shown that the thyroid gland has an intimate and all-important relation to the highest functions of man, those of his brain. This fact was first developed by the extirpation of the gland in the goitre, a proceeding which, according to the received views, ought to be wholly indifferent to the economy. Such is far from the case. After the total extirpation of the gland, the subjects steadily lose their mental vigor; the features become heavy; the speech slow and dull; the muscular system weakens, and the skin turns rough, thick, and hard; in short, a condition gradually supervenes strikingly like that called by Charcot myxædema, or the pachydermatic cachexia. They become cretins.

If ever so little of the gland remains, it is sufficient to prevent these changes; but its complete removal surely entails them. Experiments on dogs and cats yield similar results. The animals do not long survive, but are attacked with convulsions, somnolence and

paralysis, which prove fatal.

Two theories have been advanced to explain these changes. One is that of Liebermeister, who maintains that the thyroid gland is the regulatory organ of the encephalic circulation, and that its abstraction throws this into chronic disorder. The other is that of Prof. Burns, of Tübingen. He believes that the thyroid is either a depuratory gland which excretes certain substances poisonous to the nervous system; or that it fabricates certain substances indispensible to nervous vigor—which of the two he is uncertain.

The very important practical conclusion remains uncontested, that in all operations for goitre, a small portion of the gland should

be allowed to remain. - Medical and Surgical Reporter.

#### THOROUGHNESS.

BY L. P. DOTTERER, D.D.S.

Read before the South Carolina Dental Association.

Though scarcely more than a novice in the vast field of Operative Dentistry, I have gleaned sufficient experience from observation and practice to know that THOROUGHNESS is the surest means of success.

Just as the tillers of the soil sow their seeds, watch their crops, and reap their harvests, so must we do our duty, advise our patients as to the best means of preservation, and, would that I could say, reap our harvest. There has been so much written upon this subject that I have nothing *new* to say, but will touch upon several points, and in giving my idea of thoroughness, as there applied, I may draw out some discussion.

The first step towards the preparation of the mouth for dental operations is the removal of calculus and decayed fangs. Let this be done in a manner that will *insure future cleanliness*, where the

proper after attention is given on the part of the patient.

As regards the preparation and filling of cavities, there are so many conflicting conditions, that we must be governed entirely by the case before us; but to be thorough in our preparation, we must so shape the cavity as to have the walls nearly plumb, uniform margin, slightly undercut. In proximal cavities there may be a groove or pit at cervical wall, but do not have it too near the mar-

gin, on account of its liability to produce fracture, and consequent failure at that point. On grinding surfaces, cut out all fissures leading into cavity, and be careful to have no angles.

The margin, after all, is the most important point; for just here failure begins, especially at the cervical wall, and care should be taken to thoroughly remove all softened structure, and aim to reach a solid foundation. These margins should be carefully trimmed and burnished, and thus our cavity is ready for the filling.

We often hear practitioners decry the rubber dam, and boast of their skilful use of the napkin; but, gentlemen, many are the failures consequent! For in deep proximal cavities, the dam is invaluable in keeping guard against oozing moisture from the gums, which, without this precaution, will flow upon the filling without our knowledge.

The dam adjusted, we proceed to form a mass of non-cohesive gold, and where the walls are strong enough, we can continue with this material throughout. But where cohesive gold is necessary, we should cover our borders, as far as possible, with soft foil; for this is more adaptable to the walls. Another advantage to be found in non-cohesive gold, is its pliability, ease of starting, and rapidity in finishing. We should thoroughly condense from beginning to end, whatever may be the kind of foil used.

Filing and finishing is too often hurried through, leaving a surplus of material at the cervical wall, or lapping the edges—another sure cause of failure; and every care should be directed to finish in such way that an instrument passing over the line of demarkation cannot detect it. After filing, we would use pumice, either on a strip of orange-wood, or by some other convenient means, and then polish. The same general rule holds good in amalgam work, and the main cause of failure in these cases is that lack of thoroughness in finishing.

In grinding-surface cavities, where the enamel leading thereto is funnel-shaped, we often introduce too much amalgam, extending it beyond the margins of the cavity, and finishing to a fine edge. This material, when hard and bit upon, wlll fracture perpendicularly around the margins, giving the finishing a bulged appearance, and exposing a V-shaped crack, which will invite decay. Consequently, we should remove all surplus material, and finish at the very margin of the cavity. When gold is used, this precaution is not so necessary, as the edges of a gold filling will not fracture. Since we do not have to mallet amalgam, it is natural to suppose we don't require firm margins, but this is a mistake; and as much, or even

more care should be exercised in the preparation of a cavity for amalgam than gold, as tooth-structure seems to waste away more

rapidly from the former.

Let our motto be, "Whatever is worth doing at all is worth doing well." If applying arsenic or a disinfectant, cover it with gutta-percha, for the patient may be delayed a few days longer than we anticipate; and what is worse than removing a foul piece of cotton, and finding the tooth in a poorer condition than we left it? If we introduce a temporary stopping on account of exposure or frailty, let it be done thoroughly; and after relating its importance to the patient, caution her to return at a certain time for its removal and permanent filling.

We must be teachers at our chairs, if we wish the public to appreciate us, and we should instruct patients in the proper care of their teeth by an intelligent and thorough use of the brush, pick,

Such is the importance of thoroughness in dental operations. This paper does not half express it, but for fear of trespassing too much on your valuable time, I commend these ideas to your criticism.—Southern Dental Journal.

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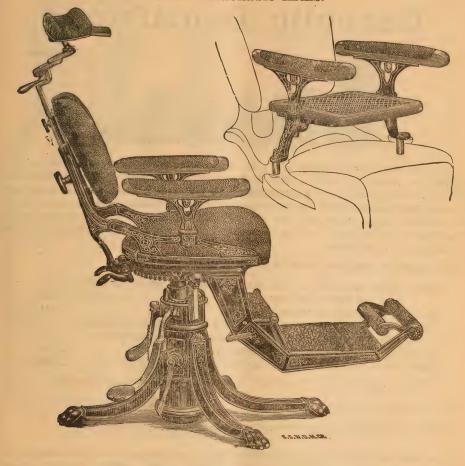
SECOND REPORT OF THE STATE BOARD OF HEALTH OF TENNES-Pp. 600: Nashville, Tenn., 1885.

This volume contains, in addition to much that is of interest to the residents of the locality, valuable information for the general reader. Special mention is deserved by the papers entitled "School Hygiene," by Daniel F. Wright, M. D.; "Ozone, and it Relations to the Public Health," by J. D. Plunket, M. D.; and "Bovine Tuberculosis, a Fruitful Source of Human Disease and Death," by J. D. Plunket, M.D.

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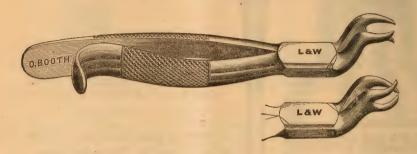
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Pluggers, Ordinary per doz			-	: -	-	1.50
Pluggers, Fine, per doz.,		· ·	-		\$2.50 and	\$3.00
Forceps repaired and N. P. each,						60



# Surface Cohesion Forms for Artificial Dentures

A system by which Artificial Dentures can be made much smaller, and hold firmly, as the cohesion extends over the whole surface of the plate, instead of only at one point as in the central air or suction chamber. By the use of the Surface Cohesion Forms the sense of taste is not impaired nor is there any irritation. The inner surface of the plate will be covered with semi-oval projections (as seen in cut enlarged four diameters) the whole length of the plate, which causes it to stick to the gums as if it were glued, and without causing any irritation of the membrane.

to stick to the gums as if it were glued, and without causing any irritation of the membrane.

The Surface Cohesion Forms are cemented on the cast, with liquid rubber, the Surface Form being correspondingly cut; after the wax is boiled out, and flask packed, the flask is screwed together, and when vulcanized, the palatal surface of the plate will be covered with semi-oval projections its entire length, and with a beautiful clean finish. For gold, platinum or any metal, cement the "surface cohesion form" to plaster cast, mould in sand, make three zinc dies, and lead counter dies, and swag up plate.

SURFACE COHESIVE FORMS,

Put up neatly in boxes of one dozen, with full directions, - - \$1.00.

For sale at all Dental Depots.

A method of preparing Rubber plates for the vulcanizer without waxing or flasking. Full instructions furnished for \$5.00 on application to

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Dentists Receiving instructions in Dr. Spyer's method of making Rubber Plates without flasking and without waxing must receive from instructor authorizations signed by the inventor empowering them to use said invention.

PHILADELPHIA, JULY 13th, 1885.

The undersigned have witnessed a satisfactory clinic given by Dr. Spyer of his new method of constructing vulcanite plates.

S. H. Guilford, D.D.S. Frank R. Faber, D.D.S. Theodore F. Chupein, D.D.S. Chas. F. Bonsall, D.D.S. A. P. Beale, D.D.S. H. M. Sheppard, D.D.S. Thomas W. Buckingham, D.D.S. Geo. W. Cupitt, D.D.S.

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#### Price, \$3.00 per ounce.

Purchase only of reliable dealers, their agents, or of the inventor and only manufacturer,

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RUBBER

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### THE STRONGEST & MOST UNIFORM RUBBER MANUFACTURED.

It is the toughest and most durable Rubber made. Vulcanizes same as ordinary Rubber.

### SAMSON RUBBER.



MANUFACTURER OF ALL KINDS OF

### Dental Rubbers and Gutta Perchas.

#### PRICE LIST OF DENTAL RUBBERS AND GUTTA PERCHAS.

THOM BIOL OF P			
No. 1 Rubber, per lb		\$2 25	No. 1 Weighted or Amalgamated Rub-
No. 2 Rubber, per lb		2 25	ber, per lb \$4 00
Samson Rubber, per lb			No. 2 Weighted or Amalgamated Rub-
Black Rubber, per lb		2 25	ber, per lb 4 00
Flexible or Palat Rubber, per lb.		2 75	Black Weighted or Amalgamated Rub-
Gutta Percha for Base Plates	, per		ber, per lb 4 00
lb		2 25	Weighted Gutta Percha, per lb 4 00
Vulcanite Gutta Percha, per. lb.		3 50	Adamantine Filling or Stopping, pr.oz. 4 00

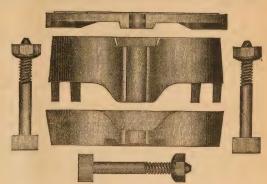
Fore.—The above Rubbers and Gutta Perchas will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Dental Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

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It is larger in size, and much thicker, weighing nearly two-thirds more.

It has much longer guides, and is so constructed that it is impossible for the bolts to slip, thus making it the most perfect and convenient flask in the market.

Any Vulcanizer measuring 3% inches in diameter, inside, will admit this flask easily.

PRICE, MALLEABLE IRON, \$1.00, postage, 25 cents. Extra Bolts, per set, .25, 'free. Wrenches, - - .10, '' ''

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For General Use for the Treatment of Pulpless Teeth, and for Capping Exposed Pulps, Etc.

PREPARED BY DR. WM. C. FOULKS.

Composed of Iodoform, Hydrate of Chloral, Acetate of Morphia, Chlorate of Potassium, Sulphate of Zinc, and Oil of Cloves, Cinnamon, Cajepute, Eucalyptus, Turpentine, and Glycerine, quant. suf.

This paste is free from objectionable odors, will not spoil or dry if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never alters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a numbe of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure-all." but one that will GENERALLY be amply sufficient for the permanent or temporary dressing of canals, and for capping pulps, etc. A circular, containing explanations and directions, accompanies each box.

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### WATT'S IMPROVED METAL.

#### BETTER THAN ANY IN USE!

Six Ingots to the Pound,

Per Ingot, \$1.00.

Printed Instructions with each Ingot.

This metal is far superior to the well-known Watt & Williams metal. It is the result of diligent research, aided by abundant leisure, and long experience in the science of metallurgy. Watt's Metal is stronger and runs sharper than any in use, while it withstands chemical

action within the mouth better than 18 carat gold.

It has no equal for lower plates, gives a much better fit than rubber, celluloid, or gold, and is good conductor of heat and electricity. Weight is often advantageous; but if shrinkage is very great a base plate of the metal may be made, and the teeth attached to it with rubber or celluloid. Most beautiful upper or lower dentures may be thus made, and no other work has greater durative. bility

Molds may be made in almost any flask, but a glance at the cut of the Watt Flask will per-

suade any one to buy it who intends to use the work.

Ask your Dental Depot for it, or send to

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### KING'S OCCIDENTAL AMALGAM.

PRICE REDUCED TO \$3.00 PER OZ.

5 oz. at one time, \$2.75 per oz.; 10 oz at one time, \$2.50. per oz.

This Amalgam has been before the profession in Ohio and Western Pennsylvania for some years, and all who have used or tested it, agree that it has merits over any other Amalgam in the market.

The process of manufacture differs from that of other Amalgams, and

#### BY A NEW INVENTION

Dr. King is enabled to obtain better results, both in regard to COLOR, SHRINKAGE and EXPANSION, than is obtained in any other alloy in the market.

Test for color consists of sixty grains of Sulphuret of Potassa, dissolved in one ounce of water. Amalgam plugs to be left in this solution twenty-four hours or more. The Occidental will remain bright after this test, and we know of no other Amalgam, at even double the price, but that will discolor. All who would use the best should buy it.

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### >>> 1885

#### OHIO STATE JOURNAL OF DENTAL SCIENCE:" GEO. WATT, M.D., D.D.S., Editor, Xenia, Ohio.

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## ANÆSTHETIC.

able expense, his tamous Anaesthetic and Applicator, with complete apparatus for manufacturing and putting up the same. This anaesthetic is so well known in this vicinity that we only consider it necessary to state that it is again in the market. As to its genuineness we refer to Dr. Von Bonhorst, who has sent all orders which have been sent him since he went to California to us. We call attention to a few of the prominent dentists who have used and can recommend the Anæsthetic,

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Dr. - VON BONHORST'S

## ANÆSTHETIC

from the time it was first obtainable to the present, I take pleasure in saying I consider it of great utility,

## Lessening

## the Pain

incident to some of our most severe operations.

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President of Mad River Valley and Ohio State Dental Societies



I have treated a score of

## **Exposed Nerves**

both those that follow excavating, as well as those exposed from decay, and

## Not One Failure.

All treated by the aid of your preparations.

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Price of Anasthetic, per Bottle, - - - - \$1.50.

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OHIO DENTAL AND SURGICAL DEPOT,

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See Illustration on another page, of a few styles of "Sibley's" Plain Teeth.

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Put up in convenient form, 5 yards long, 6 inches wide, also 4 yards long and 8 inches wide. Price \$1.50.

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The "Eclipse" Rubber is stronger than most, and as strong as any. It packs and finishes easy.

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PEPPER BAGS, (package of 20,) \$1.00. GLASS MORTARS, (properly groun	d,) 75c.

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"DECIMAL GOLD ROLLS"	Per ounce,					\$28 00
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"ROWAN'S IDEAL ALLOY"	No 1 Por ounce	PE 00 .		\$9.00;		
TOWAN SIDEAL ALLOY"	No 9 66 66	2.00	6.	F F0		10 00
IDEAL CEMENT, with pigmen	its, per package.			· · · · · · · · · · · · · · · · · · ·		1.00
Try some of our number Dam, I	n handsomely decor	ated air-ti	oht Be	oves ne	w mak	a. light
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ALL FROM ABSOLUTELY PURE GOLD,

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This Gasometer is believed to be the

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Made of best Galvanized Iron, highly and artistically ornamented. All bright parts nickel-plated.

IT IS FITTED FOR EITHER A 100 OR 500 GALLON CYLINDER.

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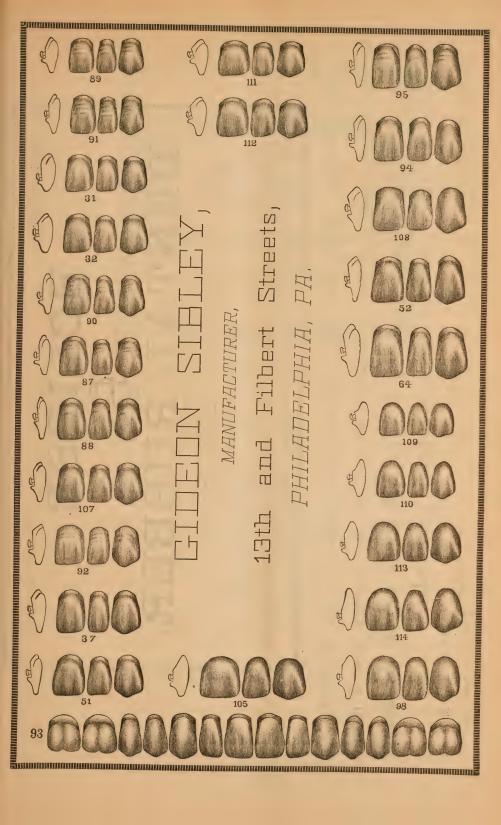
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Price per lb. \$2.75

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very tenacious and durable, packs easily, and vulcanizes same as ordinary Rubber The Best Para Gum is used in the manufacture of this Rubber. It is exceedingly light in weight

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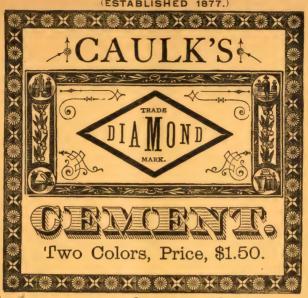
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Four Colors. GRAY. YELLOW. MEDIUM. and LIGHT.

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FROM FIVE TO SEVEN YEARS' TEST, BY LEADING DENTISTS THROUGHOUT THE WORLD, HAS PROVED ITTO BE ALL THAT HAS BEEN CLAIMED FOR IT.

FOR MOUNTING ARTIFICIAL CROWNS—It has been highly recommended, is non-irritating, non-conducting, harmony with tooth structure, has no shrinkage or expansion, and is excellent for lining cavities and capping pulps.

IT WILL HARDEN IN WATER OF SALIVA. It does not deteriorate with age. We have some over THREE YEARS OLD, and it works as nicely as when first made. The liquid does not crystallize, and we have increased the quantity in both packages. All bottles are lettered with "CAULY'S DIAMOND CEMENT."

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Is of a peculiar grayish-white color. When amalgamated in the hand it works with a soft and velvety feeling. Is very DENSE, and so malleable that it can be malleted with the greatest ease. Has been highly recommended in Combination Fillings of Gold and Amalgam. When properly manipulated with Pure Mercury it will retain its color under all circumstances. PRICE,  $\frac{1}{4}$ ,  $\frac{1}{2}$  and 1 ounce packages, per ounce, \$4.00; 2 ounces, \$7.00.

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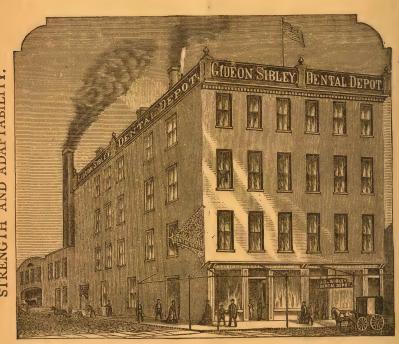
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THE

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A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., EDITORS.
L. ASHLEY FAUGHT, D. D. S.

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This Alloy is prepared under the supervision of an eminent analytical chemist, which enables us to guarantee the chemical purity of the metals used.

Having been subjected to the severest tests before offering it to the Dental Profession, it has been demonstrated that it will not shrink or expand, nor discolorin the mouth, and can be used in the Front Teeth with better results than any other Filling except Gold.

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1 Oz., \$3.00, 2 Ozs., \$5.50, 4 Ozs., \$10.00.

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J. W. PLUMMER, FULTON, Mo., says:—
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"In future I will use your Gold and
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We Guarantee Satisfaction.

Put up in 1-oz., 2-3 oz. and 1-3 oz. Packages. PRICE, \$3.00 PER OUNCE.

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THESE FORCEPS are of excellent finish—NICKEL PLATED. Their adaptation to both tooth and hand is unsurpassed. The best quality of steel is used in their manufacture, and the greatest care exercised in tempering them. Any FORCEPS broken, with proper use, within one year from the date of purchase, will be exchanged.

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## THE

## Dental Practitioner.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

Vol. III. PHILADELPHIA, OCTOBER, 1885. No. 10.

## VERMILOGICAL.

BY ELTON R. SMILIE M. D., SAN FRANCISCO, CAL.

(Continued from page 202.)

Organic life, under every existing form, requires for its healthy development an equality in its sources of nutritive supply and in other influences that have a bearing upon their circumstantial adaptation. The effects of passions chance begetting and after heedless lack of judgment for the preservative correction of entailed inflictions upon the human scion, forced to serve its term of existence for the transmission of an inheritance in kind, bespeaks the possession of but little present affection, and less for the realization of a future happy state independent of the body's chicane wrigglings to worm itself into a civilized and religious eternity.

Still, in accordance with, the promptings of our self-assumed enlightenment, the philanthropic man, with, or without practical judgment necessary to inaugurate the initial grades of correction, feels in duty bound to enter the lists and use his best reasonable strength to vindicate the cause of right, and establish an inclination for its adoption. The energetic microscopic investigations are praiseworthy, but it would seem much more reasonable if the microbe revelations could be conjointly made useful to anticipate with dietary and habit corrections the tendency to the direresults they have demonstrated from the incipient and advanced stages of organic decomposition. In one hundred and seventy-eight cases in which the transmitted congenital derivation of the tænia solium was almost certain, one hundred and sixty-four of the children afflicted were of German

parentage, addicted to a diet of scraped raw beef in part, and the balance were Swiss; with the exception of four Chinese with like proclivities of taste. In each example the growth of the teeth was retarded, and aside from the cutting-edge serrations, pitting, and base depressions across the breadth, there was an evident deficiency in the bony supply of the jaws, as well as in the dentine and enamel of the teeth, which presented all the negative characteristics that indicate the cognate lack of the elements required for resistance to the wear of attrition and decomposing agency of chemical action, from the laboratory tests to which the mouth is subjected by alimentary compounds that subvert the natural and provoke an artificial taste. In addition to the evidence directly furnished by the exposure of the teeth, and contracted condition of the jaws, there was in every instance that peculiar pale translucent condition of the skin, and subdermal tissue, that reflects with bluish tint the course and ramifications of the venous circulation beneath the cutis, that indicates, not only a present want of well-oxygenated nutrition, but one that reached backward to congenital cause, sapping the supply necessary for the coequal development of muscle and bony structure. Without the parasitic clue of cause, the general indications would have been held amenable for that description of consumption that enters into the vocabulary of the physician under the undefinable term-plea of scrofula, anæmia, etc., which, probably, in a majority of instances, could with well directed investigation be traced to a like origin.

If some of the phantasmic dental microscopists who a few years since caught the micrococci infection had unloaded the decayed receptacle of a habitual tobacco chewer's tooth, he would probably have been able to discover with slight magnifying power a parasite that would satisfactorily account for the "so-called" absorption agency that unlooses, the otherwise sound teeth from their sockets. Or, would examine with the microscopic power of natural reason the boots of the devotee to the alcoholic shrines of the corner grocery, he would be able to see clearly as the brain-parasite of potu mania. bred in kind from the infinitesmal of proximal source, in grade generation of excess, to the gigantic ultimate that has been transmitted as the ideal conception of temptation, that in serpent form lured Eve to practice upon Adam the cajoleries of passion's seductive art, that he might eat of the apple, and after, in joint transgression of the physiological laws established for the prevention of acetic fermentation, by cohabitation procreate in multiform combination the vermiform types of his own existence. This parable illustration of the parasitic ovum deposits in organized bodies foreign to the species of injective generation, is an apt demonstration of the propagating source of evil, from the fact, that it is surreptitious in birth and preys with the natural propensities of ingratitude upon the body that gestated its principle of vitality. Thus, the horrors of the drunkard, after he passes the Rubicon of Dutch courage, is but an inherent impression, in transmitted reaction of the first temptation to indulgence, that by breeding fermentation brought death-regeneration into the world "and all our woes"; and the ghostly tormentors that haunt his boots, are but reflections of the Tempter who symbolized woman, through Eve, as the gestative medium between good and evil. This style of representing the occult processes of nature by symbolic personal expression, enters largely into the historical type descriptions of the Old Testament, and clearly shows the effect of an anterior civilization that possessed in a higher degree the perceptive faculties of analytic deduction, that the Jews in translating rendered into actualities, which in turn has bred the dissentious, religious sectarians and pagan infidels who always at variance have deluged the world with contentious blood. Coæval with, or ante-dating the Jewish immitators, were the Greeks, who embodied in sculptured marble and illustrative fable their worshipping ideas of reverence for the occult deity of creative source; and to those with an understanding reach beyond the ritual mysteries of priestcraft, still extant, statuary groups like those of Laocoon show in conspicuous conception the power of evil in hereditary descent, as with the father the children are involved in the folds of the serpent. In their fables of the many godheads which illustrate their mythology, with systems of source transgressions, punishments, and retributions, there is conveyed throughout, the same ideal representation of the serpent, bred in impression, from over-indulgence in brutish gratification. There was undoubtedly in the abstemious intellectual rise, and luxurious decadence of sects and nationalities, men, in degree, with the understanding of physical conditions and relations of organized and accumulative matter, as wise in thoughtful investigation, and practical demonstration, as Gallileo, Bacon, Newton or Franklin, with Shakespeare's capability of illustrating, in greater or less degree, the acts of reason and folly perpetrated by the ruling actors who with worn inspired materiality perform their stage parts in the shifting scenes of life.

That we have not the tangible record of their existence, is in

train, that the material worm organization has the power of destroying, with evil propensity, the recorded intellectual emanations that rise above and are independent of control, otherwise than in their inventive exercise for the dissemination of truth of practical demonstration; which if at variance with the customary prejudice of the age can be suppressed, but only to appear again in some new guise for the illustration of that immutable principle which endows human vitality with mental impressions which bespeak for their cultivation by the possessor an independent and enduring immortality. Beyond the self-conviction of responsibility in the recognition of these apparent mental elements, conditional in their relations of perception with the organized endowments of vitality, all is darkness, that harbors dread, doubt and superstition, and when the unwise and blindly venturesome cross the boundaries in search of "God, the great first cause," they become self-involved with the maniacal fiends of unreason, who have given birth to sectarian combinations for the ritual observance of fantasmal ceremonies peculiar to sect associations, which have generated all that we know of hell, and have left in doubt the little we can realize of heaven from earthly experience.

That each organ and tissue has its peculiar histonomic verminogerm representative as the elementary nuclei of formation, is evident from the hereditary localization and characteristic pathological development of transmitted disease; as the congenital impression upon the child assumes the exact conterpart in conformation and stage progression, but modified from the acute degree to the diffused type of chronicism, reflecting in continued investment the parental condition at the moment of spermatozoic conception. From this well-sustained fact, we must concede that M. Pasteur's system of exhaustive counter inoculation is founded upon the initial process of pathogenic transmission; and from an analogy drawn between the constructive elements required for the normal perfection of the teeth and receptive jaws, and elaborated intestinal source of supply which is the haunt of the crustacean parasitic tape worm, it is legitimate in sequence to recognize as a fact, that when present in the formative stage of the constituent elements of the bony specialities of adaptation its kindred nourishment must diminish the amount required for relative ossification of the skeleton frame of its involuntary entertainer. If the general physical symptoms of the worm's presence are not sufficiently abnormal to attract the physician's attention, when congenital, for a succession of months after the infant's

extradition from uterine dependency, then, when it has become acclimatized to the vicissitudes of direct atmosheric influences, and modern artificial diet substitutions for nature's pabulum,-which in the healthy condition of a mother who feels the responsibility of the child's birthright to health as an endowment from her, is always ready prepared and heated by nature's furnaces for immediate useit is the duty of the family dentist to watch the pathological predictions of the mouth for the symptoms which foretell the irruption of the "milk" teeth. Or, if their germ growth has been nourished by theoretically devised peptonized infant food, he should chemically understand the merits of each advertised preparation, so as to be able to detect whether in substitution for "milk teeth" the symptoms forshadow Mellin's or the trade-mark influences of other manufactures, including with them, in kind, the detractive agency of the characteristic tape-worm. For, upon his distinctive acumen will depend the sooth-saying judgment of diagnosis which will advise the means for their more or less speedy and painless advent.

If in process, the appearance of the teeth is protracted beyond the usual term, and on eruption are serrated it is an almost sure trade-mark indication of the tape-worm's detractive influence upon the formative source of supply; but if retarded and lacking in the chemico-constructive elements required for the consolidated perfection of unity in the constituents, although smooth in contour, it denotes a lack of well-adapted nutritive energy from constitutional and other sources. Two extreme cases of recent presentation and study, will illustrate by contrast the conditions necessary for the promotion of physical energy, of which teeth are an index in every grade of the human family. The first was a child of four years, born of a German father and Irish mother, both of unusually temperate habits, inherited from heir-loom example in recorded reach from their great, great grand-parents; although but one month in advance of the completion of her fourth year she had her second set entire, with the exception of the wisdom teeth, and were evenly arranged, and of durable structure, with jaw provision for the sapientia within the angles.

Her mental faculties were in childish expression as much beyond the grade of attainment common to her years; but from throughtful speech would only be esteemed precocious from a comparison with children common to the period. As an example of her style of expression: when asked if she suffered pain when she cut her first teeth and had them extracted, she replied that she

didn't know when they came or when she lost them, for they extracted themselves, and she had never been to a dentist and didn't know what they were for, until her mother told her she was going to have her teeth filled, and she expected to be hurt awfully. The second was of north German parentage and birth, and presented the unmistakable physical signs of the tape-worms *friendly* parasitic attachment.

An examination showed the decayed remains of her first teeth, with the serrated edges of the two upper and lower front second incisors just protruding above the gum. The deficiency of normal constituents usually abstracted by the tænia indicated their presence. The plural is used consistently, for in a double sense they appear to possess in organization the duplicate sexual parts, with the power of sectional detachment and preservation of their hermaphrodite organs of reproduction for propagation in worm extension, which as a home-bred industry is well worthy of the German scientists' micro-anatomical investigation with practical demonstration, divested-if possible-of the smoke theories which generally accompany and blur their labors. In testing her physical strength and mental capacity, there appeared to be no lack of inherent ability for understanding, but a slowness of perceptive comprehension, that required adaptative explanations to enlist for the exercise of physicomental energy. Unless sufficiently interested to have her thoughts diverted from self-inertia, there appeared to be a lack of concerted will-power in her movements, and timidity of self expression, that gave the impression of dulness and its want of attention that approached the indicision of locomotor ataxia, from which her mother's broom and rod were often used to arouse her. From the hap-gohazard history that could be obtained from her parents, it appeared that she had been noted from birth for these absent-minded peculiarities; showing from relative correspondence with other congenital cases, that with the abstraction of phosphated ossific material required for the complete formation of bone structure, and that especially peculiar to the teeth, in prominent connection it secondarily impaired the seat of nervous power, and a careful investigation of its structural requirements and influence upon the absorbent system which it haunts will develop, not only the deleterious effects peculiar to the species, but those originating from others that infest the intestinal canal and tissues of the human family. Among other manifestations of its predilections of appetite was the almost insatiable fondness she exhibited for lobsters, shrimp, raw eggs, et hoc genus omne. As in preceding cases the symptoms, effects, and appetite peculiarities were studied for a well-defined diagnosis before medicine was given for the expulsion of the parasite; and the remains of each of the deciduous teeth were tried with an instrument to determine the progress of tooth absorption and structural changes in the alveolar surroundings. Finger explorations discovered fissure crevices as distinct to the touch as in early infancy; and in some portions the laminated plates and septum investment of the socket alvoli were movable, and could be slightly depressed and moved inward showing a deficiency in the function of circumference and closure about the necks of the teeth from a lack of cellular tissue. With the intention of testing, by deductive analogy, the effect of iron upon tooth structure through the assimilative texture of the worm's semi-crustaceous investment several doses of its most popular preparations, from physicians' endorsement, were administered some days previous to the fern extract and colocynth, which in combination seems to act decisively for their destruction and expulsion. The iron, although combined with the extract of beef, etc., caused the retracting and cold sensation that all the afflicted had described as the first effect observed after taking the vermicide preparation. The worm dejections were of a reddish brown showing clearly the structural formation of the parasite to be crustaceous; and that there was an intersectional deciduous union that was acted upon by the allied drugs causing an easy separation of the interarticulations. and in freedom from medical action, the probable voluntary casting off at stated periods of individual portions to become by stool translation living representatives of regeneration from some new lodgment. If, by observation and experimental test, these conditions and effects can be proved to exist, as a ruling law of nature peculiar to the species, and not exceptional, in the train it may lead to important discoveries having a bearing upon the pathological influence exercised by intestinal parasites on the general health, from irritation and as vitiators of nutrition from obstructive cause and mal-appropriation. As these interruptions in causing vitiations and obstructions to the nutritive assimilations and drain evacuations, would naturally cause febrile action, it is but legitimate to suppose that they are often the unsuspected source of sporadic and season fevers. But as the present demonstration is devoted to the bony structure, and the teeth as gauge indicators of its condition, from mutual dependence upon the same source of supply in formation, it will be apparent that the existence of tænia in the small intestinelaboratory of the infant, must detract from the equalized disposal of nourishment throughout the whole body. But as the chief constituents of his self appropriations are of the nature required for the bony frame-work, and especially of the teeth, his abstractive drain of the elements necessary for their perfect development in the process of elaboration, must abridge and deteriorate their supply of matter for relative combinations in the progress of formative disposal. To increase the evil, the parasite dictates to taste the description of food it requires, rather than that prompted by normal appetite adapted to the organic functions for healthy disposal: thus in any of the forms, it presents all the resources necessary to insure reciprocity in systematic action. The ovules generated by parental indiscretions and imparted by conception, undermine and corrupt by the tissue extension of inoculation, inducting reactive septic absorption, to which in effect the allied tissues of the mouth bear testimony, in infancy, to the diffused impression that determines for diagnosis the inherited diathesis. The congenital tænia by appropriating a proportion of the elaborated bone substance intended for the allied structural perfection of the teeth and jaws, must of necessity cause irregularities that predispose in greater or less degree to painful dentition, and the series of deformities arising from malposition, defective composition and other anomalies that incite the aching penalties that precede their premature loss. But the transmitted exampled habits of mankind do not leave the tænia generated from their heedless source a sinecure of untainted subsistence suited to his resident longevity, without experiencing intestinal commotions that incommode his privileges of naturalized citizenship; especially when it is his misfortune to become domiciled in the duodenic and jejunic principalities of the male species of the genus homo, who follow with unthinking gusto the epicurean rams that lead the sensual flocks. In German women of the past period, his residence was less disturbed, and more congenial to the quiet of its absorptive habits; but in the prognostic future of their rights of self-vindication in secession from the trammels of retaining purity for the worship of a single defacto husband, he may, with reason, expect to have his empire invaded by dynamitic parasites of the nihilistic order who with expulsive tendencies will make him regret the quiet tenure he held in the fader-land. After the entire expulsion of the worm in the example cited, the little patient began to show immediately the symptoms of relief, and in less than three months the lateral incisors and canine teeth gave indications by absorptive action on the roots of their deciduous antecedents, and the general improvement of her physical condition and mental perception confirmed the index progress of revived ossification in the jaws.

The natural and practical deductions to be drawn from the abridged supply of material for ossification in the jaws, and dentalized modifications substituted in the modeled formation of the teeth for masticating exposure, whether from tænia appropriation, or other mal-dietetic causes, are that, if within the limits of age for revived recuperation, the nature of the detractive agency should be learned and removed, then, if the strumous diathesis has been established, assimilating syrups of lime and soda should be given to stimulate the process of reossification in the assigned tissues, with attractive finger friction over the gums. These as active measures express the limits of special aid. If in emergence the second teeth are out of range, first learn whether the point, or how large a proportion of the root is within the range of compression from the roots of the adjoining teeth. If the point is not socket engaged in circuit, it is to all intents extraneous, and no attempt should be made to force it into a position for which it lacks adaptation, and has no entered point of advantage for leverage restoration, and if forced into line it must be accomplished bodily by displacement. These attempts, which have often been made with the desire, generally, of obtaining a miraculous reputation for skill, show an extreme lack of judgment, as in the event of fancied success the tooth would incline at an angle of incidence from the socket imbedment of its point, that with the opposing force of its opposite in chewing would cause a leverage movement of expansion that would eventually impart its own vitality and predispose the jaw to sarcoma and necrosis. These extraneous teeth, when left in the matured jaws of their abridgment, have often in modern dentistry excited a fanatical zeal for a transplanting reputation; but those with a considerate judgment will recognize in the cause abridgment of the jaws that forces the permanent occlusion of teeth, produces the mal-formation of root rotundity, which, aside from unlimited variations in size, would lack the exact adaptation required for healthy adoption and make it almost impossible in freedom from diseased implication, of which there are several cases that occurred during the prevalence of the short epidemic in San Francisco. The sketchy and suggestive outline of facts and deductions presented, will if tested by thoughtful investigation, afford a clue for the detection, not only of the medium of transmission, but the general and local influences that parasites of

the intestinal canal exert, in variation from the cryptogamous sporule to tænia detraction and deterioration of nutriment in assimilative preparation for absorption, as well as the deleterious effects from irritation their presence must cause by the interruption of organic functions from obstructed drainage.

## GOLD AND GUTTA-PERCHA IN COMBINATION:

Review of a Criticism.

FRANK L. BASSETF, D.D.S., PHILADELPHIA.

The criticism of the article in the April Practitioner upon the subject of combining gold and gutta-percha in the same cavity, by Dr. Edwards in the August number, seems to be based entirely upon a misunderstanding of the subject in question. Whilst opinions may differ upon all subjects, it should not be necessary to misrepresent the subject in order to criticise it. In the original article the operation is described as follows: "The orifice of the cavity should be enlarged only so far as to obtain firm margins, and then with properly shaped spoon excavators all parts of the interior of the cavity may be reached and the decomposed dentine removed. Into this bottle-shaped cavity gutta-percha stopping should be packed until the cavity is filled to a distance from the top equal to or rather less than the diameter of the opening. The sides should be left parallel and the surface of the gutta-percha made smooth. The remainder of the cavity can now be filled with soft gold foil rolled into cylinders and condensed against the sides and bottom." From the language above quoted, Dr. Edwards construes that gutta-percha is placed between the gold and enamel margins at the orifice of the cavity and that none is placed under the gold upon the bottom of the cavity! Dr. Edwards has clearly placed his cart before his horse, for one of the chief reasons for the operation as described is to protect the pulp from shock. Continuing in the same manner, he says: "That already frail portion, only partically clean, is to be supposed to withstand the force of mastication with what?—a lining of gutta-percha!" Thanks to the "able Professors of the Philadelphia Dental College," I was taught that a cavity should be as thoroughly prepared to receive a filling of gutta-percha as of gold.

There need be no fear that the gutta-percha occupying the major portion of the cavity will not support the over-hanging wall of enamel and the gold stopping, for however great the crushing force due to mastication there can be no opportunity for the filling to yield, if it is closely packed. It cannot yield without bursting the tooth,—a calamity much more likely to happen if all the over-hanging walls are cut down and the cavity filled entirely with gold.

Finally, I most emphatically refute the imputation of Dr. Edwards that the mode of procedure advocated must mean "either a slipshod way of working or a question of earning a fee quickly." The operation must necessarily be performed thoroughly, as must all our work, to be successful, and if the charge for work is based upon the time consumed, patients are not apt to complain when the time and possible pain of the operation is shortened without impairing the quality of the work.

## TREATMENT OF PULPLESS TEETH.

BY H. A. KNIGHT, D.D.S., MINNEAPOLIS.

Read at the Minnesota State Dental Society.

In this paper I shall take the liberty to include under the head of pulpless teeth all which are so diseased as to require devitilization of the pulp and subsequent treatment, and divide my paper into three sections, namely: Diagnosis, prognosis, and treatment.

Diagnosis, coming from the words dia, through, and gnosis, knowledge, means in medicine to be able by our knowledge of symptoms to name the disease, and upon our diagnosis depends our prognosis and treatment. Can he who makes no diagnosis intelligently treat disease, or can he expect a favorable termination of his treatment? Must he not rather blindly go forward with his treatment, after some stereotyped plan, earnestly praying for success, and like so many physicians, more fit to do farm work than practice medicine, meet almost constantly with failure.

Not many years ago an aching tooth was fit only for the forceps, and the dentist, if I may call him such, only asked a few questions before applying the remedy. The sacrifice of a tooth was not a sacrifice in the patient's eyes, but a blessing, for people had been taught

from time immemorial, that nothing could be done for a tooth after it had begun to trouble. An aching tooth to the dentist was an aching tooth; he knew no difference between pulpitis, periostitis, and alveolar abscess. They were all the same to him, and required the same treatment. Of diagnosis he knew nothing, of medicine less, but of prognosis he had a clear understanding, for it was always the same. If a tooth had never given signs of trouble, and the cavity was the size of a pin head, favorably located, he managed to excavate and fill it, oftentimes very acceptably, while the badly decayed teeth and roots were removed and replaced by beautiful white artificial teeth.

The dentist of those days was but a mere mechanic, and what mattered it if the dentist cut hair and shaved you when occasion required. I speak of the times gone by, but they have not gone by. It was but recently that a prominent dentist of our sister city asked me what I treated teeth with, and I heard not long ago of a member of our local society say that he used carbolic acid for everything in his office and that it was the best remedy he had ever found. Imagine that dentist applying carbolic acid to every case in practice, and then wonder if you can, that he finds teeth that are incurable.

Diagnosis of every case must be made, in order to intelligently apply the remedies within our reach. A case of congestion of the pulp must no more be treated for periostitis than alveolar abscess for necrosis.

We, as intillegent dentists, should be able to clearly define and comprehend the case in hand before we even dare to turn to our cabinet for a remedy. With the common symptoms of dead teeth, such as occasional slight pain, tenderness on pressure, discoloration, elongation, looseness and congestion of the surrounding parts, we are all familiar, but I bring to mind a class of teeth with dying and sloughing pulp, complicated with slight periostitis whose symptoms so nearly resemble those of a congested pulp as to make a clear diagnosis almost an impossibility. Up to this period you have no marked symptoms of periostial disturbance, and the gum gives no evidence of the serious trouble brewing beneath its surface.

Take for instance a typical case in practice: The patient comes in suffering with toothache in the upper first bicuspid, which may have a large proximal cavity in it, or perchance a filling but lately inserted. All the patient knows of the case is that thermal changes affect it and the pain is most severe. The first question arising in your mind is, what condition is that pulp in? Is it safe to take the

engine and bore directly into the pulp cavity? In a simple congestion, as well as pulpitis, the tooth is affected by heat and cold, and may be slightly sensitive on percussion; the surroundings remain in an apparently healthy condition, the tooth is firm in the socket, and no cause for the severe pain, is visible externally. Just when the congestive period has passed, and the inflammatory process been set up, is a difficult problem to solve, but much dependence may be placed on a minute history of the case. When questioned closely, the patient will almost invariably tell you that the first pain experienced was caused by some cold substance coming in contact with the tooth; that the pain was only of short duration, but that as time passed, the trouble occurred at more frequent intervals and upon slighter provocation; even the ordinary atmosphere causing intense suffering. Up to this period, anything warm coming in contact with the tooth, affords relief. but from this time forward affairs seemed to be reversed. Heat becomes the troublesome agent and cold the pacifier, while the pain, instead of making short calls during the day, occurs almost without fail at night, and usually prolongs its visits several hours. It is at this time the periosteum begins to show disturbance, and the pulp passes into dissolution; the tooth becomes elongated and painful upon the slightest pressure.

When a tooth reaches this stage I class it with pulpless teeth, for to my mind, the pulp has lost its chance for resolution to take place, and if not destroyed by some external agent will in spite of all remedy die.

We have coming before our notice all forms of so-called dead teeth, some with pulps dead and putrescent, but intact, some having lost all trace of a pulp, and others, where the disease has progressed far enough to cause alveolar-abscess, or necrosis of the jaw. The diagnosis of these latter varieties is not a very difficult matter. By tapping a tooth known to be dead, periostitis, be it ever so slight, can usually be determined. An abscess may be diagnosed by the looseness which usually accompanies it, by the turgid appearance of the gum and by fluctuation when the pus has pierced the bone and formed in sufficient quantity. Where necrosis of the jaw is found to accompany an abscess, it may be distinguished by an odor peculiar to the pus of carious bone in any other part of the body.

After thoroughly understanding the pathological condition attendant upon the various forms of diseased and pulpless teeth, a

minute history of each case should enable any dentist to begin treatment intelligently, and feel warranted in making a favorable prognosis.

In a vast majority of cases, where a tooth can be properly treated and filled, I think the dentist is warranted in assuring the patient of ultimate success, but at the same time many things must be considered in the treatment. Some constitutional diseases. although exhibiting themselves in more marked form on some other parts of the body, exert a special influence upon the teeth and associate parts and must not be overlooked any more than the diathesis of a patient. It would be folly for any dentist to think that a conquest could be made as easily in the case of a patient with an inflammatory diathesis exhibited by plethore and increased capillary activity, accompanied perhaps by the habitual use of alcoholic beverages and stimulating food, as in the case of a young vigorous individual with a clear constitution. Experience has taught us that that class of people, as well as the pale anæmic individual, whose every look indicates perverted nutrition, and the elderly person with enfeebled circulation and nerve force, present many very obstinate complications.

The influence of an inflammatory diathesis in the treatment of teeth may be very great, as is often exhibited by the scratch of a pin. I have met people upon whom the slightest bruise seemed sufficient cause for intense inflammation and sloughing, requiring weeks for a complete cure. In such a case, healing by first intention is an impossibility. The blood does not seem to possess reparative material enough even for the natural waste, to say nothing of the accidental. The system, instead of building up, seems inclined to go into dissolution. The influence of malaria upon this class of teeth is often noticed, as well as in the treatment of exposed pulp, aud tends to excite the parts when we first begin treatment. According to one writer, it may be detected by the serum or watery part of the blood oozing up through the root. Add to the above causes of modification the effects of gout, rheumatism, scrofula, and other cachexia, upon the human system, and the treatment of dead teeth becomes a profound study, each case presenting peculiarities which must not be overlooked.

Our prognosis must only be made after a careful study of the case, and if any doubt exists as to the outcome, we must have the benefit.

The treatment of pulpless teeth is a subject broad in area and

full of rich material for thought, for no portion of dentistry has met with more discussion and experiment by the great mass of thinking dentists than this.

Within the memory of some of us, pulpless roots were considered foreign bodies buried in the jaw, of which nature constantly tried to rid herself. The healthy retention of these roots never occurred to the dentist or seemed possible, but the time has come when a dentist who cannot save a very large per cent. of them is considered many years behind in the knowledge of his profession.

The teeth are susceptible of treatment the same as any other part of the human organism. If we have an inflammation in or around the tooth, we have an irritant also. There is always a cause for an effect, and before we begin treating a case we should understand the conditions thoroughly. In order to successfully treat the teeth we must first determine in our minds just what we wish to do and the best method of accomplishing our end, selecting our remedy for a distinct purpose. It is only in this way we can expect the best results, and it is for lack of this so many failures are recorded.

In filling pulpless teeth, a few requirements must be met. The surroundings of the tooth must be free from disease or irritation, the root must be firm in the socket, the canal well excavated, all putrefactive processes arrested, and the canal well filled to the apex of the root. In order to meet these various requirements we must have full and free access to all parts of the tooth, and here let me say: Don't spare the tooth substance for the sake of appearance. I do not maintain that you must excavate each root to the end, for that would be impossible, but the nearer the apex of each root you get, and the more thoroughly you cleanse and fill the same, the better will be your chance of success.

A few days ago a case came under my notice where a dentist met with a great deal of trouble with a central incisor, simply because he could not get at the pulp.

A dentist of Freeport, Indiana, attempted to fill a small approximal cavity in a central incisor with gold. Some few days after the operation the thermal change affected the tooth seriously enough to cause him to remove the filling and replace it with phosphate. This in turn was removed, and a filling of Hill's stopping substituted, but to no effect; the tooth still troubled, and the doctor resolved upon the destruction of the pulp, which he accomplished by access gained through this cavity, and applying his acid at the coronal

extremity. After death of the pulp he attempted to remove it through this same cavity without enlarging the opening, which was scarcely larger than the broach itself. He simply attempted an impossibility, and punched on this semi-sensitive mass, time after time, with the result of packing the pulp into the upper half of the canal. This operation was repeatedly followed by hemorrhage. but at the end of a month he pronounced it ready for filling, and made an engagement. The patient removed here before the day set, and fell into my hands. I mistrusted affairs were not all right. and so opened up from the palatine surface and removed the pulp. What result but an alveolar abscess could he have looked for had he finished his operation? As a usual thing, when you destroy a tooth pulp, you have no serious complications: the only part interfered with to a great extent, is the pulp, which must be removed to the apex. Ordinarily, it does not become necessary to apply any medical agent, simply syringing out the canal with tepid water being all that is required.

If no hemorrhage follows the removal of the pulp, you need not fear immediate filling, but in case of hemorrhage, it is safer to wait twenty-four or forty-eight hours, then syringe and fill.

In the treatment of pulpless teeth, no greater mistake has ever been made than over-treatment. This is a mistake the best of us are very prone to make, and although we may use the proper remedy, success will come only with its intelligent application. Nature is one of the most powerful of all healers, and if the surroundings of a tooth are given a fair chance, after removing the cause of irritant, in a great majority of cases they will return to their physiological condition.

An alveolar abscess may be said to be a discharging sore, within the alveolus, the result of inflammation and suppuration of the immediate parts. Its origin may usually be found in some local irritant, which causes a contraction of the blood-vessels, followed by an equal distention. The result is an increased flow of blood to the part or congestion and severe pain. If this congestion can in some way be relieved at this time, resolution will take place, but if it is allowed to proceed, complete stagnation will be the result, followed by suppuration and a discharge of pus.

To relieve the congestion preceding an abscess, many agents have been employed. The object sought is to change to blood pressure from the head to some more remote part of the body. After removing all the irritants or causes of irritation, a good liberal

dose of physic is found very beneficial, in connection with a hot mustard foot bath, the feet and limbs being rubbed into a glow. Counter-irritation also is very helpful, and the application of tincture of aconite and iodine, equal parts, directly to the gum, has been useful in my experience. Iodine alone is also very good, painted on the gum after wiping the mucus away. Poultices made of capsicum, or capsicum and zingiber, are perhaps as capable of giving relief as any of the various forms of counter-irritants.

In relieving congestion and preventing an abscess forming, prompt treatment must be the rule, for after a certain time has elapsed it seems almost impossible for resolution to take place, and when we have forfeited this chance, the quicker an abscess forms the better. The length of time intervening between inflammation and suppuration may vary from a few hours to weeks and even months, according to the severity of the irritation and the physiogical condition of the patient, and I have found in my experience the length of time required to cure an acute abscess is in proportion to the time it was in forming. The treatment of an abscess must always depend on the conditions existing when it comes under our notice. An acute abscess, the result of pent up gases or irritation, caused by working on a dead root or by accident, does not need any very great amount of care. If nature is assisted in relieving herself of the irritating pus formed, and thorough drainage supplied, with the root properly filled, in a majority of cases a speedy cure will be the result; but if the abscess has for some time been laboring at a disadvantage, and although less severe than formerly, taken in that chronic condition characterized by thin watery pus, the use of strong drugs will be more urgently demanded. We must first remove the prime irritant, which is usually a decomposed pulp, then supply the drainage for the purulent pus and endeavor to change the surface of the abscess from a passive state of inflammation to the acute. By proper stimulation the surface must be made to produce healthy granular new formation, instead of irritating pus. We must employ some strong drug or escharotic that will change the character of the secretion formed and be asufficient irritant to excite healthy action. Oftentimes one good thorough application of carbolic or sulphuric acid will so change the character of an abscess as to enable nature to complete the cure. This may be accomplished through the foramen of the root, and in case of a fistulous opening, should be applied until it makes its exit at the gum. Many other agents have been recommended in the place of these, among which are worthy of mention, salycilic acid, iodoform, extract of eucalyptus, etc.

A very good remedy I find in creosote and iodine combined, as much iodine being put in as the creosote will dissolve. This makes a very penetrating volatile oil, which if left in the pulp canal even, will find its way to all parts of the cavity of disease. This combination possesses very nearly all the requisites in treatment: it is a disinfectant, antiseptic, and an irritant.

The class of teeth most difficult of treatment are those having a chronic blind abscess. The first thing to be done in these cases is to secure an opening through the gum, and here is afforded an opportunity for the believers in heroic treatment to demonstrate the success of their theory. If a tooth in this condition is excavated and filled, the gases forming will cause great pain and distention of the alveolus, and the result will be piercing of the bony walls and an opening in the gum. This condition of affairs. it seems, must be arrived at before thorough treatment can be made, and here the heroic dentist asks, "Is it not better to secure this opening by the use of cocaine and the bur, than to cause all this suffering?"

Another method of treating all forms of abscessed teeth has been to replant them; you simply extract the tooth, fill perfectly and return to its former position. Numerous cases are on record where this treatment has been very successful, but the absorption of the root of a replaced tooth is very likely to occur and let the tooth drop out like a temporary tooth.

The filling of the root of a dead tooth is perhaps as important a factor in successful treatment as any. There is simply one great law to be observed, namely: Filling the root perfectly with some indestructible material. It is easy enough to say all roots must be perfectly filled to the apex, but not so easy a thing to do. In some cases it seems almost impossible to follow the tortuous canals, even with a fine broach for the purpose of cleansing them, and we find sometimes the openings so small as to not even admit a broach. Numererous devices have been invented, from time to time, for enlarging these canals, and some of them work very nicely. Dr. Talbot, of Chicago, invented a system of reamers, with which no doubt you are all familiar. They consist of a number of triangular pyramidal points of various sizes, bent at different angles, intended for hand use. By rotation they enlarge the canal, removing the chips upon withdrawal, but it has been found impossible to follow a canal with them, and they

have fallen slightly into disuse. A very neat little modification of them has been made lately, which I will exhibit. It overcomes the objection of not following the canal, and I have found it very useful.

The Gates Glyddon Drill has been found very convenient by some, but I have had bad luck with it and discarded it.

In reaming out a root, we should be cautions never to puncture the side of the root; if it is impossible to follow the canal, it is better to stop right where you are. Your canal having been prepared, the next thing is a choice of filling material; the case must determine the selection. The utility of each has been amply demonstrated, whalebone, wood, lead, gold, zinc, gutta-percha, and in fact, almost everything has been used. The object to be sought is to make a perfect filling, and what might be successful in one dentist's hands might prove a failure in another's.

The most difficult roots to fill are the buccal roots of upper molars. Here some plastic material must be used, and gutta-percha cut in chloroform, or zinz phospate mixed to the consistency of cream may be made to answer the purpose.

The filling of the canals of the anterior ten teeth, is easily accomplished and the material used is a mere matter of choice with the dentist.

In the treatment of pulpless teeth it is well to observe a few rules;

- 1. Diagnose your case.
- 2. Select each remedy for a distinct purpose.
- 3. Avoid over-treatment.
- 4. Do not spare tooth substance at the expences of sight.
- 5. Fill as perfectly as possible each root at its apex.

Dental Register.

"Be assured, my friend," we say to the laboring man, "that if you work steadily for ten hours a day all your life long, and if you drink nothing but water, and live on the plainest of food, and never lose your temper, and go to church every Sunday, and always remain content in the position in which Providence has placed you, and never grumble nor swear, and always keep your clothes decent, and rise early, and use every opportunity of improving yourself, you will get on very well, and never be sent to the poorhouse."—Ruskin.

## THE DENTAL PRACTITIONER.

CHAS. E. PIKE. D.D.S.. L. ASHLEY FAUGHT, D.D.S

EDITORS.

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## EDIMORIAL.

## Alcoholic Consumption in Belgium.

Belgium, according to the London Times, affords incontestably the worst statistics in regard to the consumption of alcoholic liquors. In less than half a century the use of spirituous liquors has more than trebled itself in that country, while the population has only advanced from 3,500,000 to 5,500,000. The use of spirits increased 66 per cent, between 1851 and 1881, and of beer increased during the same period 15.75 per cent. The consumption of spirits, wine and beer for 1881, amounted in value to 45,000,000f. Although the country is so small, it contained in 1880 no fewer than 125,000 places devoted to the sale of intoxicating liquors. There was a public house on the average for every 12 or 13 grown-up males. The suicides rose from 54 per 1,000,000 inhabitants in 1848 to 80 in 1880. The lunatics advanced from 720 per 1,000,000 inhabitants in 1846 to 1470 in 1881. The Inspector-General of Belgian Prisons reports that four-fifths of the crime and social misery during the last quarter of a century has been directly attributable to intemperance.

## Bacilli Caught Alive.

A queer-looking apparatus, something like a pair of bellows, to the smaller end of which a foot or two of glass tube had been attached, lay on a table before the President of the College of Physicians at a meeting of that body last evening. The little machine was a microbe trap. Dr. William H. Webb, its owner, bore it proudly into the room, and, after putting on an easel a couple of big pictures of it, showing it in sections and in its entirety, proceeded to explain to the interested doctors present how the thing worked, and how unsuspecting microbes and bacilli could be lured into its interior and deprived forever of their dangerous freedom.

The paper that Dr. Webb read was the outcome of experiments, by which he sought to confirm the theory of the contagiousness of consumptive diseases. He has fully convinced himself that phthis is not so much a hereditary as it is an acquired affection. He asserted last night that the only thing that a child inherits in the consumptive line, from its parents, is a predisposition to the disease. The latter can never come unless a bacillus or two lodges in the lungs. He referred to the immense number of persons in whose ancestry there was no trace of phthisis, who, however, died of the affection. "The most careful life insurance company in New York," he said emphatically, "never issues a policy to a person in whose family there is the slightest trace of phthisis, yet 20 per cent. of its customers, specially examined as they are, succumb to that very complaint."

"The little instrument I have here," the Doctor continued, "is a most useful one in proving the presence in the air of tubercle bacilli. It is so made that the air that it is desired to examine passes first through glycerine and subsequently through a solution of pyroxyline (gun cotton). Those bacilli that are not caught by the glycerine, from the fact that they pass through it in air bubbles, are detained by the pyroxyline, which, when converted into collodion by the addition of alcohol and ether, can be readily examined under the microscope. I spent thirty-five hours at the ventilators of places of public amusement in this city collecting microbes of tuberculosis. Of seven microscopic examinations of the results of my search the number of bacilli found were as follows: 1, 6, 13, 1, 0, uncertain, uncertain. This made twenty onebacilli in all. The microscopic searches were made by Drs. Morris Longstreth and O. H. Shakespeare."

"I found the microbes," Dr. Longstreth remarked. "There's no doubt about that. I would like Dr. Webb, however, to name the places of amusement at the ventholes of which the microbe trap was placed. That would be interesting."

"I would rather not say," Dr. Webb answered. "It might cause an unjust prejudice against the theatres. That wouldn't be fair. One place is about as likely to have them as another."

The call for the location of Dr. Webb's hunting ground excited laughter.

Dr. Shakespeare heartily supported the views of Dr. Webb. He said that he believed that one bacillus only was necessary to cause consumption where the conditions were favorable. "I almost look upon it as criminal carelessness," he went on, "to allow a healthy person to sleep with any one afflicted with consumption. The room occupied by such an individual should be thoroughly ventilated, and all matter likely to be contagious should be disinfected."

The description of the way in which the microbes were caught aroused some amusement. The explanation of the use of glycerine was, that the unhappy bacilli floundered and got stuck in it like flies in a molasses jar. Dr. Webb was asked by The Press reporter whether he thought that by the use of a sufficient number of traps a good proportion of the germs in existence could be captured and slaughtered. He laughed and said that that was not his idea. "The trap," he explained, "has demonstrated the danger from the germs. They seem to be everywhere. If we convince people that phthisis is infectious and not hereditary, you may probably ask how that is going to decrease the number of cases. My reply to that is this: By hygienic and sanitary precautions we can reduce the susceptibility of patients to the particular disorder and then we can to a slight extent isolate those afflicted with it. Of course it would not be possible to catch all the germs that there are in the world. Why, to do that you would have to put a microbe trap on every chimney pot and fix one, too, on the mouths of a large percentage of the people in the world."

The captured germs were not shown, but Dr. Shakespeare had on the table three microscopes, under which were exhibited bacilli of other diseases cultivated in breeding glasses by the Doctor. He explained that he fed them upon beef peptones and gelatine. Some of them lived an potatoes. Cholera germs, one of which was shown, preferred a meat diet. The germ was dead and securely held in place so that there was no danger of it escaping. It is the

only specimen of the cholera bacillus in Philadelphia. It was, when it arrived here, expected to multiply, but it died an untimely death. One bacillus, the property of a New York physician, it was said. died of a surfeit of mutton broth, which it had absorbed too freely.

The microbe trap is to be still further used in examining the expired breath of consumptive patients with a view to find out how many bacilli emanate from one person in a day. It is said that a number sufficient to give a whole city phthisis can be produced by an individual within a very short time. None of the tubercle bacilli have as yet been captured alive. Those that were not smothered in the glycerine died instantly on contact with the pyroxyline. - Philadelphia Press.

## DENMAL SOCIEMIES.

## NATIONAL ASSOCIATION OF DENTAL EXAMINERS.

The National Association of Dental Examiners held its fourth session in Curtiss Hall, Minneapolis, Minn., commencing Tuesday, August 4, 1885. President J. Taft in the chair.

The following State boards were represented, the four last named being new members: Ohio, by J. Taft and H. A. Smith; Illinois, by Geo. H. Cushing, A. W. Harlan and C. A. Kitchen; Pennsylvania, by E. T. Darby; Maryland, by T. S. Waters; Michigan, by C. R. Thomas and A. T. Metcalf; Louisiana, by Joseph Bauer; Indiana, by S. B. Brown; Iowa, by W. P. Dickinson, J. T. Abbott, J. Hardman, J. F. Sanborn and E. E. Hughes; Dakota, by S. J. Hill; Kansas, by L. C. Wasson and Wm. Shirley; Wisconsin, by Edgar Palmer, C. C. Chittenden, B. G. Marcklein, E. C. French and J. S. Reynolds; Minnesota, by S. T. Clements and G. V. I. Brown.

The following boards belonging to the association were not present: Vermont, New Jersey, Georgia, West Virginia, Mississippi, South Carolina and Kentucky.

The following resolutions were adopted:

Resolved, That this association most earnestly commends the action of the Wisconsin and other State Board of Dental Examiners, in refusing to accept the diplomas of the so-called Wisconsin

Dental College located at Delavan, on the ground that it is not a reputable school, and recommends to all State boards to which the diplomas of that institution shall be offered that they likewise refuse them.

Resolved, As the sense of this associations, that person engaged in the study of dentistry and physicians practicing as such should not be considered eligible to registration as dentists.

Resolved, That this association recommends that all applicants holding diplomas from the Royal College of Dental Surgeons of Ontario be required to submit to examination before they are granted license to practice.

WHEREAS, The dental law of the State of Maryland seems to be restrictive in its character; it is the sense of this body that the dental profession of said State of Maryland should, at the next session of its Legislature, seek to cause said dental law to be so amended as to be in harmony with the dental laws of the other States.

Resolved, That the secretary be instructed to forward a copy of the above resolution to the State Board of Dental Examiners of Maryland.

Resolved, That this associotion recommend all State Boards not to grant temporary licenses to first-course students, or any others, unless fully satisfied that such applicants have had at least two years of practical clinical instruction. Such applicants shall pass as well a proper theoretical examination.

The following officers were then elected for the ensuing year:

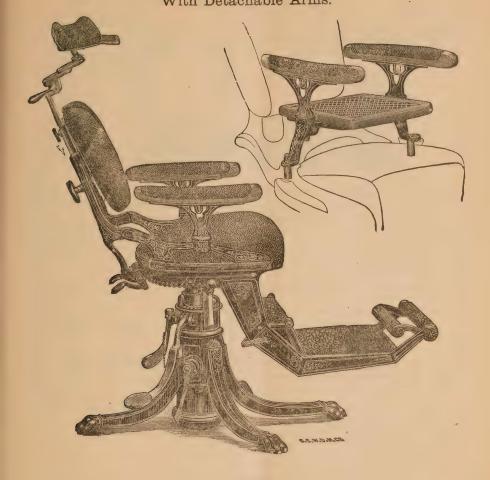
J. Taft, president; T. S. Waters, vice-president; George H.

Cushing, secretary and treasurer.

Adjourned to meet at the place to be selected for the next meeting of the American Dental Association, on the Monday preceding the meeting of that body.

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Same size bottle, with metalic screw top and screw cap, "	2	00
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\_\_\_\_, D. D. S., Boston, Mass.

Prepared by M. S. NICHOLS, Dentist, Laboratory at Central Village, Conn.

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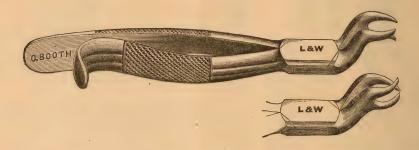
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Plugger points for Bonwill Mallet per set of 9,			-	-	-					\$4.00
Electric Mallet Pluggers, per doz.,	-	-	46.°	• ,		-	-	-		\$15.00
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REP	AIR	INC	₹.							
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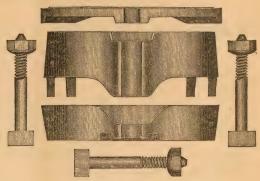
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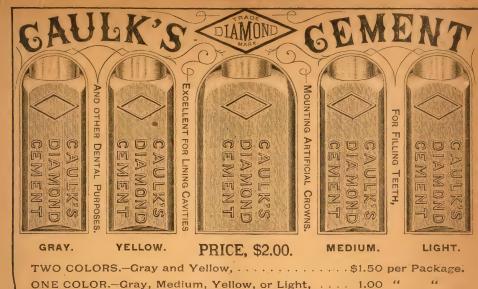
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A MONTHLY JOURNAL OF DENTAL SCIENCE.

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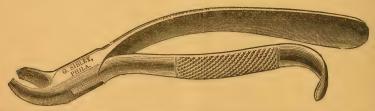
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# Dental Practitioner.

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Vol. III. PHILADELPHIA, NOVEMBER, 1885. No. 11.

# THE VALUE OF PAIN AS A DIAGNOSTIC SYMPTOM IN DENTAL LESIONS.

BY EDWARD C. KIRK, D. D. S., PHILADELPHIA.

Irritation of a sensory nerve in any portion of its course or at its peripheral terminations, if sufficiently pronounced, produces upon the brain the sensation of pain. The brain may properly locate the source of irritation or by reason of reflex action will frequently refer it to some point more or less remote according to circumstances. As pain is the phenomenon by which the brain becomes cognizant of undue irritation in any part of the economy the manifestation of it becomes of great importance in diagnosis and is valuable in proportion as its various expressions are understood.

Ordinarily, pain associated with the teeth is easily located in or about the seat of irritation, which may be a simple pulpitis from exposure, or a pericemental inflammation induced by one of several causes which an examination of the parts or the history of the case will elucidate, after which proper treatment for relief can be instituted.

Dental lesions, however, sometimes occur, accompanied by pain more or less severe, in which diagnosis is rendered extremely difficult by reason of the location of the seat of pain being so far removed from the point of irritation that the true cause has been overlooked, and treatment persistently carried out with negative results until accident perhaps has revealed the source of trouble in some hitherto unsuspected tooth.

Three cases which have occurred in the writer's practice, in which the reflected character of the pain was most marked, will

illustrate, first the extreme care necessary in making a diagnosis, and second the great value of pain in revealing the character and seat of the lesion in these cases when its meaning once becomes

apparent.

A young Irish girl, with a fine set of teeth, applied for relief from intense pain in an upper sixth year molar which she was determined to have extracted. Examination of the tooth revealed a small crown cavity which was not sufficiently deep to expose the pulp, this I was convinced of after a most careful exploration. The other teeth were then examined and with the exception of a few shallow and superficial cavities, they were remarkably free from caries. Sedative applications to the cavity in the molar brought no relief. The patient was positive that the pain arose from that particular tooth and urgently demanded its extraction, stating that "unless I removed it she would apply elsewhere." As the case was an interesting one, and I desired to know the cause of the intense pain from which she was undoubtedly suffering, I determined as a compromise, to devitalize the pulp assuring her of relief, having about come to the conclusion that the formation of dentinal nodules in the pulp chamber was the probable cause. Accordingly an arsenical application was made, the pulp which was normal was removed and in course of time the root canals, pulp chambers and cavity of decay thoroughly filled; during which treatment and up to this period there was no abatement in the intensity of pain except at intervals of short duration. The character of the pain had however changed in some particulars, instead of being confined entirely to the sixth year molar was more diffused, extending over the side of the head and to the ear, producing severe earache. The pain was paroxysmal in character and very intense. Being determined to have the offending molar, as she believed it to be, removed, before consenting to do so, a most searching examination of all the teeth was made in the hope of discovering some other source of irritation. Nothing was elicited by this until the lower wisdom tooth, upon the affected side was reached; this tooth was hardly erupted, the anterior lingual and buccal cusps only protruding from the gum tissue, the distal cusps and greater portion of the crown being covered. On passing a long hooked exploring instrument over the crown, under the gum tissue and down upon the distal surface, a cavity was discovered, in which the pulp was exposed, the touch of the instrument causing a shocking increased pain in the ear and upper sixth year molar, The tooth was at once extracted, the operation causing a similar

shock to the one above mentioned and referred to the same parts. In a few minutes afterwards the pain which had first caused her to seek treatment and continued so persistently, ceased entirely and without any recurrence.

Case II. A man, aged probably 33 or 35 years, had suffered for three or four weeks with pain in the left ear, associated with catarrhal discharge from the auditory canal and slight deafness, for which he was under treatment by an aural specialist, with no relief, the symptoms gradually increasing in severity until deafness in the left ear was very pronounced with a corresponding aggravation in the other symptoms. By advice of his physician he applied for an examination of his teeth, thinking his disorder might be the result of reflex dental irritation. Examination revealed marked exostosis of the roots of the upper second and third molars upon the affected side, the abnormal deposit producing excrescences or bony eminences over the position of the buccal roots of these teeth about the size of peas. The removal of the teeth was attended with considerable difficulty, and the patient stated that all the teeth he had previously had extracted were enlarged at the root in the same manner. Cessation of the pain in the ear was almost immediate, and in about ten days the discharge had ceased and hearing was nearly normal.

Case III.\* A married lady was brought by her husband for dental examination, and, if possible, relief from intense neuralgic pain, referred principally to the region of the ear with catarrhal discharge from that organ. The pain was paroxysmal and had lasted for three weeks; sedatives, quinia, gelseminum, local applications, &c., had been tried without affording relief. Both sides were involved, the left more than the right. A careful examination of the oral cavity showed the teeth to be free from deep seated caries and to all appearances in a normal healthy condition. The upper third molars had been removed, the corresponding lower ones were in position as were all the rest of the teeth.

The strong similarity of the symptoms of this case with those of the preceding one and the fact that the lower wisdom teeth were useless for mastication in her case, having no occluding teeth above them, together with the often repeated observations of the writer that irritation in or about these teeth is generally expressed in pain referred to the ear, their extraction was advised on the theory that the symptoms in this case were the result of either exostosis or pulp nodules. The former proved to be the fact, the adventitious bony

<sup>\*</sup>Reported in Transactions Odontological Soc., Penn., 1885.

deposit being more marked on the left than on the right molar, but strongly pronounced on both. Cessation of pain was immediate, lasting for thirty-six hours, when it recurred with great severity; it was treated by applying a drop or two of deliquesced crystals of carbolic acid on a pledget of cotton to the bottom of each socket, which was previously washed out, and the superfluous moisture removed by bibulous paper. This gave instant relief by cauterizing the filament of nerve which had been ruptured in the operation of extraction, the strong carbolic acid also acting as a local anæsthetic. 'A second renewal of pain occurred two or three days after this but was treated in the same manner and with like result, after which all the troublesome symptoms entirely subsided.

These cases have been presented somewhat in detail, as they illustrate a phase of the phenomenon of pain which can easily mislead the practitioner, unless fore-armed by the experience that just such cases give, while a recognition of the peculiarities in the location of pain often exhibited in conditions of reflex irritation may prove of great value in affording relief.

The experience of the writer has been that where the pain of dental lesions is expressed, in or about the ear, or as many patients say they "have ear-ache and tooth-ache combined," the source of irritation may be looked for in the lower second or third molars of the affected side, and if not there, then in the occluding teeth above. In the majority of cases it will prove to be the former.

### A DISCOURSE: THE RELATION OF MAN WITH THE UNI-VERSAL.\*

Professor Garretson, President of the Medico-Chirurgical College and Dean of the Philadelphia Dental College, delivered the opening address to the students on Monday evening, October 5, 1885. In introducing his discourse he remarked t hat their object was not alone to initiate the young and uninformed student, but that the teachers themselves were the learners, and they desired, upon entering the building, to shut out, in part, Philadelphia, and to find themselves with the assembled students and the Greek sages, in their porch and academy. Con-

<sup>\*</sup>Reported by Robert S. Ivy, D.D.S., for the Practitioner.

tinuing he said: The meaning of this school is to extend inquiry, not simply as pills and pellets and the use of knives are concerned, but our operations crave insight into the Universal. Our lives here amongst ourselves are the lives of the Greek, the Roscrucian and the Thoreauians. We invite students who would like to study with us. We teach, primarily, medicine and surgery. But those who come amongst us are accepted as belonging in inclination to us. We give and we get and we study together. No one is received and treated as a school boy, and no one is desired who has not head and heart full of aspirations and ambitions looking beyond diplomas as an end to barter and gain.

A pill is a little thing, but it is a sphere; the world is a great thing, but it also is a sphere. From a pill to the world—that, in a word, is the meaning of the school whose hall you now occupy, that is to be the meaning of the work of those who matriculate with us. Greek, German, the Sorbonne,—I can promise a grand winter to those who are fitted for the institution.

The subject selected as the speculation or the demonstration of the evening is "The Relation of Man with the Universal." The text is that of the Delphian oracle and of the Christian Bible, "Man, know thyself." It is also designed to be explanatory of the Athenian inscription written upon the inner face of their gates, "know thyself a man, but act the god." It is the office of the profession of medicine to learn all about man, all that is without and all that is within him; to analyze him as an animal and as relation is held by him with himself and with the universe.

A premise to be accepted is, that man is. This is the premise of the Cartesian philosophy, "Cogito ergo sum." "I think, therefore I am." As students just entering on the field of speculative enquiry, things may seem very plain to you. The proposition of Des Cartes is perfectly acceptable to you, even without what the Frenchman deemed his aphorism of certitude, his cogito ergo sum, his declaration that man exists. Each man says that he exists, but there are few who even stop to analyze wherein their existence exists. Man is not at all what the common eye sees him to be. Aristotle defines the distinction between man and a brute to lie in reasoning faculties possessed by the former, that is to say, it is the property of man to be able to discover the full and circular meaning of a thing through the process of exclusion, or the ability of knowing what a thing is by knowing what it is not. No man can possibly form any correct idea of so simple an appearing thing as

an apple save through the process of exclusion; what then can he possibly know of himself, as self is seen by an untutored eye. A judgment made without the exercise of reason is nothing different from the estimate put upon a thing by observation. By observation is meant, seeing a thing as it seems to be to the sense that perceives All things are estimated, after the unreasoning method, as being expressed in a circle composed of five attributes, namely, what can be seen, felt, smelled, heard, tasted. Common judgment consists in the simple use of the simple senses, that is to say, an uncultured man insists that a thing is what his eye sees it to be, that sounds are as his ears hear them, that things are bitter or sweet as decision is given by the tongue, that stench or fragrance is the attribute of a body as appeal is had to the nose, that hardness or softness are decided by touch. But if a dozen men be asked as to the attributes of the same apple, much difference in description will exist; what is red as to color with one is green to another, what one pronounces deliciously sweet another will say is insipid, fragrance to one is offensiveness to another, one hears a loud crackle when he pinches the fruit, another hears nothing. A man describes a thing as it appears to him to be, if he is lacking as to taste and smell there is no attribute of taste and smell in the world; if a man continue to live, having each of his five senses paralyzed, apples are things to him without objectivity, that is to say, he could not affirm even of their existence, for the reason that he could neither feel, taste, smell, hear or see. Attributes tound in a thing, both as number and quality are concerned, lie with the number and quality of the senses possessed by the individual who uses them. Thus we get the primary premise upon which alone is to be reared a ladder leading to the comprehension of truth, viz., things are not at all what they seem to be. What is an apple? I know for myself that I do not know. I know for you that you do not know. I know for all men that no man knows. Knowing that negative I know this positive, namely, nothing is what it looks to be. To put this after the fashion of the schools, the senses are not the criterion of truth, consequently with all such things as man relates through the senses he has no real acquaintance. We cannot affirm that the benches whereon we sit are real existences. We cannot declare the food we eat is reality. It takes very limited exercise of the reasoning faculties to affirm that we can affirm nothing—as to matter. But here I offer a premise which is the reconciliation of every paradox. It is a foundation that no logic can disturb. It is a some-

thing which no one will dispute, but which every one will accept, "A thing is to the sense that uses it what to that sense it seems to be." Philosophy has another manner of putting this, "A thing perceived is in him who is the percipient." Who here catches a glimpse of the mysterious Universal, the gates of which are now ajar? "In the beginning," suggests Spinoza, quoting the Bible, "was God, God filled all space with his omnisciency." Bishop Berkley takes it up here, "all existence is but seeming, nothing is reality—as deemed real by the senses, the universe is a subjective not an objective world." "Life is what dreams are made of." Here stands the philosophy of him who this hour addresses you. Here is his religion, here his daily work, here his past and his future, here indifference to everything, here hope of everything. Here the meaning of Socrates reply to Crito when the dving philosopher was asked how he wished to be buried, "If you catch me, Crito, bury me as you please." Here the meaning of the heroic reply of the philosopher-slave, Epictates, to the brutal master, Epaphrodotus, who twisted his leg until the bone broke, "It is nothing, the body is external."

> "Who now can tell whether to live may not Be properly to die. And whether that Which men do call to die, may not in truth Be but the entrance into real life?"

It is a chilly thing to stand out in the cold and ice of a winter's day. It is indescribable misery to stand in the midst of the Universal without knowledge of the place we occupy and with no retreat to turn to when the flush of the summer days are departing.

The greater a thing is the simpler it is. The Universal lies exposed. First as to the Universal called Eternity. What is it? Eternity is that which is without beginning or ending. Time, every time, is necessarily an interim of such a state, therefore Time and Eternity are identical. Here is the premise of eternity. There is no past, there is no future, the now is an eternal now. The now had no beginning, it can have no ending. To-day is forever and forever. God is good. Heaven and hell are on the two sides of a street, just as ditch water and spring water are a common substance. It is left for a man to walk on which side of the street he wills. Get hold here of the first great premise of the Universal. The Universal is a continuous now. There is and can be one now, and that is to-day. All that is called life and time and eternity are in to-day.

All that we are, all that we can be is what we are to-day, but to-day is forever and forever. Now we come directly to ourselves. How are we related to the forever and forever? What are we to do? What are we to hope for? What are our lives?

Taking as the basis our first premise, we recognize ourselves as existing in a world made up of different things with a variety of names, as aluminium, silicum, clay, brick, houses, loam, grass, cows, milk, babes, men, etc. A man develops out of a babe, the babe out of milk, milk out of a cow, the cow out of grass, grass out of loam. Houses are identical with bricks, bricks with clay, clay with aluminium and silicum, and these with the earth. So in like manner with everything. There are in the universe of matter no live substances. What matter is nobody knows, and it is not of the slightest importance that anybody should know. Knowing nothing, man is gifted to know everything—that is, everything which concerns him. He is gifted to be able to understand that the only difference between his own body and the material composing a brickbat is the difference between a brickbat and a mass of clay. The cotton of his clothing comes out of the earth, and the flesh that covers his bones comes out of the earth also. So that whether it is a discarded suit of clothes or a worn-out human body that is buried, the hole where either was put shows, after a short space of time, nothing to designate earth from earth. As what is called the common people are concerned, that which they know of themselves has not, nor can it have any different immortality from a brickbat. The common idea of resurrection is arrant nonsense. Yet who but the philosopher can understand that "there is a body terrestrial and a body celestial?"

As the material of our bodies are concerned, you cannot be students in this school two months without coming to an undoubting recognition of the absolute truth of the relation with all things of the bodily parts which most people identify with their immortal selves, but which are seen by the educated to change into brickbats, water, etc., with a rapidity which enables the student to study his own metamorphosis. How well most of us know that a man never sails twice upon the same water, and that the faces seen to-day are never again beheld. This is put after still another manner by Empedocles,

"Who thinks ought can begin to be which formerly was not, Or that ought which is can perish and utterly decay; Another truth I now unfold, no natural birth
Is there of mortal things, nor death, destruction final;
Nothing is there but a mingling and then a separation of the mingled
Which are called a birth and death by ignorant mortals."

That which was taught two thousand years back by Empedocles is the agnosticism of to-day; no truer now than it was then, a truth for all time—that is, truth to judgment arising out of the use of the senses; truth to the body, with which alone matter has to do. The teaching of this premise, then, is that the bodies of men are phenomenal expressions of matter, and they are no more individual than are the waves of the sea.

The true meaning of anything lies in the office of the thing. The meaning and office of a locomotive engine are power and speed. Men have all the attributes of animals, but besides this there is a sixth sense, the quality which permits of apprehension. Men, different men in different degrees, have knowledge which is independent of perception gained by either touch, taste, smell, hearing or seeing. The sixth sense possessed by man and by no other animal, is that which is known as Soul. What soul is, is recognized in the actions of him who is its possessor. Soul is above and independent of books. He who was born in a manger found himself so enlarged by it that, lacking the education of the school, he gave forth lessons before which Greek and Egyptian schools fell away, and the Earth bowed in homage, exclaiming, "Behold the Son of God!" What is Soul? There is but a single way of knowing, and that is by possessing it. Like is only known by like. He who is strong enough to strangle the brute in him finds the place of the dead occupied by the living God. Soul is not a thing in itself; it is what the wave is to the sea, it is identical with the living God. It is God dwelling in man. To possess it is to understand the Christ, with no shadow of doubt to disturb a belief that he was the Son of God. It is to understand the command, "keep clean thy heart which is the temple of the Holy Ghost." It is to understand severalty living in oneness, as live separate and yet in one the waves and the sea. It is to understand the godly grandeur to which men are elected if they will accept election. It is to understand that God being identical with heaven, there is but one way to live in heaven, namely, to fill one's self with the God. It is to know that there is a heaven which cannot be anywhere more tangible to a man than in the temple which he carries with him wherever he goes. It is to be able to appreciate the meaning and the glory of the eternal now. Let me close by repeating the words of Fichte, "Self-abnegation is the first step in the way to true greatness. So long as man yearns to be anything God does not come to him, for no man can be God. So soon, however, as he radically annihilates himself God alone remains and is all in all."

Have I shown man's relation with the Universal? Is it not seen that our place is just exactly what we will it to be,—to graze with the brutes or to dwell in a constantly present heaven, lost in the oneness of the eternal God? Is not all plain? Is there obscurity anywhere in creation? Taking in these eternal truths, how can we be confused by creeds or worried by paradoxes? Will you say all this is well for the strong, but what of the helpless? Well, the love of God is the protection of the weak.

# THE TREATMENT OF DENTAL LESIONS BY COMPRESSED WARMED AND DRIED AIR.

BY H. C. REGISTER, M. D., PHILADELPHIA, PA.

Warm air has been used to a limited extent in the surface-drying of cavities by means of a hot-air syringe, but compressed warm air has a much wider range of application, and compressed warmed dried air has a still greater range. Some of its uses in a general way I will briefly indicate: As an obtundent of sensitive dentine in the preparation of cavities; for the thorough removal of moisture from both vital and devitalized teeth before filling; the antiseptic treatment of devitalized teeth and roots; the thorough drying of roots before attaching artificial crowns, making a hermetically sealed joint; in putrescent conditions of the teeth-especially useful when associated with peridental ulceration; in the bleaching of discolored teeth; in the treatment of fistulæ and abscesses; in ulcerations of the antrum and nasal passages; in recession of the gums and pyorrhea alveolaris, etc. By this means the detached gum can be lifted from the tooth by a steady jet of air, allowing an inspection of the parts and the removal of the calculus. By the same apparatus anæsthesia may be produced by atomization, rendering operations on the gums painless. By the same means fillings of the oxychloride or phosphate of zinc can be perfectly crystallized before the fluids of the mouth are allowed to come in contact with them.

In bleaching discolored teeth, the greatest cause of failure, I apprehend, has been the presence of moisture in the dentine, preventing the absorption of the bleaching agent, and which the mere drying out by absorbents or even with the ordinary hot-air syringe does not affect. By gently forcing into the cavity an uninterrupted stream of warmed air under pressure, it reaches the terminal ends of the tubuli in both crown and root. If the bleaching agent is then introduced it will permeate the organ throughout its extent. I have seen discolored teeth of many years' standing thus restored to within a few shades of their healthy neighbors in less than thirty minutes.

Sensitive and hypersensitive dentine is effectually obtunded by a careful application of warmed air at blood heat. The application in such cases requires care to avoid pain at the outset. The air should be kept at about blood heat and the jet under ready control. In some cases it may be well to secure a surface effect from one of the obtunders in common use, such as carbolic acid, tannin, or atropia, after which the warm air can be used; and just in proportion as the moisture is removed, just in that proportion has insensibility been produced.

In putrescent conditions the air should be heated to from 100° to 125° F., and the current maintained until every particle of decomposed matter is rendered innocuous by thorough drying. In such cases I have never seen subsequent peridental irritation, and if in this condition the tooth be hermetically sealed, safety from further trouble is assured.

In pyorrhea alveolaris the disengaged folds of gum may be thrown back by a steady jet so that an examination may be made, which would otherwise be impracticable, and the progress of the disease may frequently be retarded, and in some cases a cure effected, by forcing medicinal agents by atomization into the pockets. Fistulous tracts which refuse to heal under ordinary treatment yield when the medicinal agent is forced through them under air pressure. In a word, nothing since the introduction of the rubber dam and dental engine has given me such positive results as warmed compressed air.—*The Dental Cosmos*.

<sup>—</sup>A dentist is no chicken. He is always a pull-it.

<sup>—</sup>The world may owe a man a living, but it is always best for him to go out and collect it by a little hard work.—New Orleans Picayune.

# THE PHYSIOLOGICAL ACTION OF HYDROCHLORATE OF COCAINE.

BY LOUIS BAUER, M. D., P. R. C. S. ENGLAND, -OF ST. LOUIS.

After reviewing the subject of cocaine in a general manner, the doctor reported the following case, which he thinks worthy of note, from the fact that the patient had, in a little less than seven months, consumed about 700 grains of cocaine, and at times in very large doses, the physiological action of which the doctor had opportunity to carefully examine.

The patient descends from a confirmed drunkard; he himself found whisky of alluring taste, as early as his thirteenth year; at twenty-five it was indispensable to his comfort and happiness; with a few intermissions of varied duration, he has been the slave of alcoholic abuse up to the beginning of January last.

On the 9th of that month he had freely imbibed the "indispensable beverage." The last draught of ardent liquor consisted of a pint of gin. He had then just enough sense to submit to a hypodermic injection of cocaine, under the promise that it would relieve him of a rousing headache, and probably quench his appetite for "firewater" forever. Unfortunately the physician disclosed the name of the remedy, which enabled the patient to procure it for himself and apply the same on his own responsibility. Thenceforward he used the cocaine by the hypodermic injections, increasing the doses from the one-fifth part of a grain to ten grains at a time, and very soon he found himself in a condition that demanded its continuous use.

Small doses of 5 to 10 drops of a 5 per cent. solution produced very mild effects, sufficiently marked, however, to be fully realized by the patient. With the increasing doses frequently repeated, the action of the cocaine became much intensified, and the reaction was most depressing and disturbing to the patient; as in alcoholism, large doses were required to bridge over the horrible sensation which followed the antecedent application.

In enumerating the physiological effects of large doses of cocaine, I should here state:

1. That none of the injections cause any local inconvenience, either irritation, inflammation of the skin or abscess. From numerous insertions of the cannula on the side and in front of his abdomen, not the slightest mark remained; even recent insertions could hardly be traced.

- 2. A small zone of the integument, of which the punctured wound was the centre, showed a noticeable reduction of sensibility.
- 3. The action of the cocaine invariably ensues within 15 to 25 seconds; in less than half an hour it is at its height; and within two hours it has almost entirely disappeared, when reaction gradually follows.
- 4. The cocaine obviously exercises its first effect upon the heart; the pulse, ordinarily from 70 to 80 per minute, rises quickly to more than 120, but scarcely ever exceeds 130; it remains regular, and shows no intermissions; it is of medium size, slightly hard, and continues in that condition and that quickly for the first two hours following the application, when it gradually diminishes in frequency, and returns to the ordinary standard. The patient insisted that intermissions had been frequently experienced by him, and that on locomotion the frequency would greatly augment. I was, however, unable to affirm these observations.
- 5. Among the earliest disagreeable symptoms was a burning sensation of the trunk, and a cold and clammy perspiration of the extremities; the thermometer did not, however, reveal any tangible increase of animal heat, whereas the condition of the extremities was pronounced. The temperature of both the mouth and the axillary cavity showed rather a decrease, not exceeding one degree.
- 6. When the cocaine is in action, the skin appears dry and pallid, but the patient avers that a profuse and clammy perspiration would ensue as soon as he assumed a recumbent position; in the latter, the respiration becomes laborious, deep, sighing and yawning.
- 7. Whilst the moisture of the oral cavity remains undisturbed, the patient complains of a sensation of dryness and difficult deglutition; at one time the movements of the pharyngeal muscles were as painful as in inflammation of the tonsils, but a new injection of cocaine removed the symptoms promptly.
- 8. Whilst under the influence, the patient is devoid of thirst, and would rather object to drinking any liquid, on account of the disagreeable sensation it invariably produces.
- 9. Cocaine destroys the appetite completely during its action, and gives rise to aversion for food, but the appetite returns when the effects have passed off.

- ro. It induces constipation, or intensifies the pre-existing sluggish condition of the bowels; the latter may continue for a week and longer, and may require repeated large doses of drastic medicines, whereas in the ordinary condition, a Seidlitz powder would answer to move the bowels. At one time four cathartic pills induced diarrhœa with painful tenesmus. A new dose of cocaine promptly subdued both.
- 11. The secretion of urine ceases almost entirely for the time being, but returns when the patient comes out of its influence.
- 12. The sexual functions are likewise suspended to complete impotency during the action of cocaine; their vigor returns, however, with rather increased appetite and endurance.
- 13. The senses manifest exaggerated susceptibilities; the patient experiences a ringing in the ears as from quinine; when large doses have been employed, sounds become intensified, as in hydrophobia, without being painful, as in inflammations of the middle ear. Light affects the optic nerves to a degree of intolerance; illusions happen, distorting objects, even hallucinations occur, without fear or apprehension; the skin assumes a degree of sensibility, so as to perceive an ordinary draught of air with the force of a blowing storm. These phenomena relating to the senses are, however, exceptional, and only happen under very large doses.

A common effect upon the eye-balls is their prominence and brilliancy, connected with the dilatation of both pupils; more so, however, in the left. The effect develops very gradually, appearing towards the end of the action, but extends into the intermissions of succeeding doses.

- 14. Large doses of cocaine give rise to loquacity, notwithstanding that the patient avers difficulty of speech, for reasons already mentioned; his conversation is, however, clear, connected and congruous with the subject concerned. Most remarkable is the good memory, the remembrance of dates, names, and events. I have observed no aberration of the mind at all; it seems to me that the intellectual operations are in no way interfered with.
- 15. A few times, whilst the patient was under the excessive influence of cocaine, he complained about severe pains in his limbs, "electric shocks," as he expressed it, along the brachial plexus, sciatic and crural nerves, although they seemed not to interfere with active and rapid locomotion. They were, however, increased by touch. For the last fortnight these symptoms have not recurred.

16. Most remarkable is the decided aversion for alcoholic liquors observed ever since the patient commenced to use cocaine in large and excessive doses.

These are the phenomena elicited by my repeated observations on the patient within a month's time.

The patient is æt. 38, is above middle size, very active, and moves with vigor and endurance; nevertheless he looks pale and haggard, and has lost nearly twenty pounds of his weight, which reduction, however, he will not attribute alone to the action of cocaine, but partially to the alcohol. The question naturally arises, to what extent his constitution has been damaged by the excess of cocaine. During the last three years and six months I have frequently met the patient, and comparing his former condition with the present. I cannot say that he has notably changed in either appearance or action. The cocaine habit is certainly most deplorable for a man of his intellect and social station of life, but it appears to me that the use of cocaine has injured him less than excessive alcoholism would have done by this time, had it been continued. The doctor observed none of those organic disturbances in the system which are so prominent from the abuse of ardent liquors. By comparison, therefore, the former is preferable to the latter.—Medical and Surgical Reporter.

# SOME OF THE PATHOLOGICAL CONDITIONS OF THE ORAL CAVITY.

BY F. D. NELLES, D.D.S.

Read before the Fifth District Dental Society of the State of New York.

In fulfilment of the conditions of the requirements for such a paper as you have asked me, nothing would have been easier than to have turned to some good pathological treatise and given a classified list of the various diseases having their seat in the oral cavity, of which all of us know more or less, theoretically, but which no two would treat exactly the same when the practical case is presented.

To give this assertion more the semblance of a fact, allow me to cite the following examples: A regular patient came to the office one day, asking the cause of a certain prominence located in the

maxillary process of the superior jaw. There was no aching, no pain, no redness of the gums, and no inflammatory action apparent. Neither was there any soreness of the incisors over which the fulness was located. Now, what was the difficulty? Let us examine the case a little further. The age of the patient was fifty years or more; the teeth were abraded. Did that mean anything? Might there not be a putrescent pulp in one of the teeth? A brother practitioner happening to be present at the time, and being desirous of ascertaining whether two dentists could agree in tracing effect to cause, he was invited to assist in clearing up the mystery, for as such it must be considered until all doubt was set at rest. That it was something abnormal we were well agreed, but differed as to the mode of treatment. He recommended painting over with a solution of iodine; but why not as well paint the integument of the face, including the alæ of the nose and a portion of the lip, where the fulness was quite visible? The advantage, however, was mine, as the patient had come to me. I announced that we would treat the case heroically, and he with some astonishment, saw me select a bur of proper size and drill through to the pulp chamber. A free discharge of pus quickly followed, and the treatment thereafter was very easy. That was more than nine years ago, and the tooth now, abraded to the very gums, is still doing good service.

It might be well to observe that a collection of pus, under such circumstances, when unattended with redness, tenderness, and devoid of all inflammatory signs, is said to be either a chronic or cold abscess, yielding a pus markedly different from that which is designated as laudable, it being much thinner and more sanious.

The other case to which I desire to call your attention was that of a girl about twelve years of age who complained of two very sore teeth, the inferior central incisors. The appearance of the countenance and eyes was such as invariably accompanies affections of anginous origin. The teeth were not only sore, but loose and raised from their sockets. For comfort, the jaws were kept well asunder, causing the saliva to run unrestrained from her mouth. The gums were not red nor swollen, but unnaturally light in color. She had received no blow or fall, no injury of a mechanical nature. Now, what could have been the cause of the trouble?

Let us look into the case a little further. Just behind the front teeth lie two little glands—the sublinguals. They were found to be enlarged beoond the normal size, but were free from any inflammatory signs. Such being the case, how could one conscientiously decide that they were the cause of the trouble? A prescription based upon this supposition was, however, made: R Ammonia Chloridi, drachms two, water sufficient to make four ounces, to be held in the mouth in teaspoonful quantities several minutes before spitting out, fifteen or twenty times a day until all pain was gone, then to come again.

In about four weeks two little girls came to the office, one to have a tooth extracted. When she had been disposed of I looked at her companion and recognized in her the girl of the sore teeth. When asked why she had not come back the following day as requested she replied, "Oh, the teeth got well right away," and upon looking I found she had spoken truthfully, as there was then nothing remaining to indicate that the teeth had ever been affected.

I have arrived at that point now where I hope we shall begin to understand that, in treating diseases of the mouth successfully, much of our skill lies in a clear-sighted diagnosis. The oral cavity has been the open sesame to most physicians of the past, and will continue to be the object of examination just so long as it supplies a talismanic guide to distinguish the difference between certain kinds of diseases preying upon the human system. If diseases of the general system can be the better established by conditional aspects of the mucous membrane of the mouth for physical practice, why not for dental practice as well? Rheumatism, when it has become chronic will affect the teeth and gums inversely, as other organs of the body. With this disease we may look for inordinately pale gums and resorption of the alveolar process, deposition of tartar, reaching from the necks of the teeth to the receded gums, an eighth of an inch, more or less. Both upper and under jaws will be affected about alike, and the recession ot the gums around the incisors and bicuspids pretty even, showing most on the labial and buccal surfaces. The tartar will be found light in shade, tenacious, and intruding underneath the free edge of the gums. Creamy deposits of food and fatty matters will be found adhering to the tartar, Touched with litmus paper, it will always give an acid reaction. The teeth will be more or less decayed on the labial and buccal surfaces. The treatment will consist in removing the tartar, filling the cavities and giving alkaline washes for the mouth and teeth. Sulphite of soda, one-half drachm to about eight ounces of water, makes an excellent detergent. One ounce of this solution poured in a cup in which the brush is repeatedly dipped, holding some of it in the mouth while brushing, will thoroughly cleanse the teeth and

mouth. It is a little unfortunate, perhaps, that in the treatment of such diseases we have so small a field as the mouth affords to labor in. Had we the power accorded to the family physician in treating diseases of a general origin that produce such devastating effects upon the teeth, we might in many cases accomplish more pleasing results.

It will never do for us, any more than for physicians, to ignore the fact that the mucous membrane, all that portion of it which lines the mouth, invites our special attention. The teeth, although dense and flint-like in structure, are of dermic origin, and derive their nutrition wholly from this source. Is it not natural, therefore, to reason that any disease having its seat in this membrane, in more ways than one will affect the teeth? If acute adenomata of the sublingual glands will do this, may we not assume that other glands, if even more remote, may produce similar disturbances? When examining pathological works touching upon the subject, most of them will be found more or less explicit in tracing affections of the mucous membrane from structure to structure, tissue to tissue, until all abnormal changes are traced, save those affecting the teeth. For further knowledge we must turn to dental pathology, where we find much about teeth and little, too little about the soft tissues. It is true we now and then get an essay from some bright mind, theoretically advocating that all or nearly all diseases of the mouth spring from carious teeth, but another soon comes forward with the argument that all or nearly all such diseases arise from calcareous deposits upon the teeth. Still another will proclaim it is neither the one nor the other, but that the material which is put in carious teeth as fillings is the cause of all or nearly all the diseases incidental to the mouth. So, when we come to prescribe for diseases of the oral cavity, if we trust entirely to the books we shall continue in darkness.

The gums may be atrophied or hypertrophied, it matters but little which. The inflammatory redness accompanying gingivitis will never be wanting. If, however, an atrophied condition prevails, the treatment will be found comparatively easy, as nothing much will be required but removal of the tartar, found almost invariably free from and above the gums. But this state of things is entirely different when the gums are in a hypertrophied condition. Then the free edge of the gums will be much thickened and operculous. The fibrous attachment running from the tooth membrane to the gums will seem absorbed. Each and every tooth will seem placed in the gums mechanically, with a little dirt of a dark or lightish hue

thrown around them, as if in hope that they may some day take root and grow. But a more careful examination will show this to be tartar. The treatment will consist in removing the tartar with alkaline washes, sulphite of soda, sulphate of potash or borax, given in solution, one to two drachms in four to eight ounces of water. Give them singly. Sometimes the potash will do more good than the soda.

A solution of tannic acid with alcohol will sometimes do better in such cases than alkaline washes. One objection to it is that it will stain the exposed cementum at the necks of the teeth, if kept up too long. Two to three grains of tannin to one ounce of undiluted alcohol would be sufficiently strong. A better formula, however would be the following:

Tannic Acid, grs. iii.
Alcohol absolute, drachms iii.
Water distilled, do. v.

Add the tannin to the water. Shake, and then add the alcohol. It may be flavored with two to five drops of oil of wintergreen. This must be dropped into the alcohol previous to adding it to the water and tannin. The manner of using this wash has much to do with its ultimate success. The instructions should be to brush the teeth as usual, with water, rinse out the mouth and wash out the brush; now pour on the brush as much of the solution as it will hold without wasting and go over the teeth and gums with the brush carefully, as if they had not been previously brushed.—Independent Practitioner.

### Napelline in the Treatment of Odontalgia.

Grognot (Bull. gen. de therap) gives brief notes of a number of cases in which he has used Laborde and Duquesnel's napelline, which, being obtained from Aconitum napellus, is to be distinguished from the substance to which Groves gave the same name, but which he extracted from Aconitum ferox. The author's plan was to give a granule of half a centigramme (=about .075 of a grain) by the mouth, every fifteen minutes. Notes are given of six cases, in only one of which did no notable improvement take place. Usually the pain was stopped or greatly mitigated by the time four or five doses had been taken. One of the cases was of two years' standing.

—N. Y. Med. Jour.

# THE DENTAL PRACTITIONER.

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7/8 "	<b>**</b> .	16.00.	9.00.	5.00.	2.00.

# EDITORIAL.

### Family Religion.

The increase of divorce has become a matter of great popular concern, and many have taken in hand to set forth the causes and the remedies of this social disorder. Disorder it surely is; to this even the evolutionists bear witness. The monogamous household is the social organism that has been developed out of all sorts of social experiments; this one has survived because it was fittest to survive; because in societies so organized the strongest and best men were bred; in the struggle for existence they prevailed. To attempt to reorganize society on the basis of polygamy or polyandry, or any sort of promiscuity, would be, therefore, to revert to a wornout type,-to bring back a form of social life which Nature herself has discarded. Thus evolution confirms revelation. Any loss of sacredness or permanence suffered by the monogamous family is, therefore, a social calamity. No wonder, then, that the truest instincts and the strongest convictions of the most thoughtful men are in arms against the foes of the household now so numerous and so strenuous, and for the time being so successful in their warfare.

The reasons of this insurrection against the family are not easily expressed. Some of the more obvious among them have been frequently mentioned, but it is not at all clear that this ominous phe-

nomenon has been fully accounted for. One of the more apparent causes is the decay of home life among the people of our cities.

The proportion of married people who live in homes of their own has been steadily decreasing. The growing difficulty of obtaining competent domestic service partly explains this: the new fashion of commerce, which keeps a great army of salesmen constantly on the road, a more important reason. The burden of housekeeping falls heavily upon the wife, when the husband is but an occasional visitor in his own house.

To a great multitude of the active business men of this country no true family life is possible under the present conditions steady rise in the scale of domestic expenditure makes it difficult also for young people of the middle classes to begin housekeeping. set up an establishment that would seem at all adequate would require an outlay that is far beyond the means of many of them. They lack the courage to begin in a homely and frugal way; they are not ready to be dropped from the circles in which they have been moving. Confronting this problem which baffles their wit and breaks their resolution many young men and woman indefinitely postpone marriage: most of those who venture betake themselves to boarding-houses. Veritable caves of Adullam are many of these boarding-houses; those that are in distress and those that are in debt and those that are discontented find refuge in them; the woman who cannot afford to keep house, and the woman who has been worsted in the warfare with inefficient servants, and the woman whose husband spends his life on the highway, and the woman who is naturally indolent and inefficient, and the woman whose soul is satisfied with reading Ouida and retailing gossip, -all these and various other types are thrown together in a promiscuous way for many idle hours, and brought into association every day with all sorts and conditions of men. Who could expect that the family life would be healthfully developed under such conditions? Who can wonder that the family bond is often sorely strained and finally broken?

Nothing is more evident than that family life requires for its best development the shelter and the privacy of the home.

If the Divorce Reform Leagues could secure the depopulation of the boarding-houses and the hotels, and the return of the families now herded together in them to some kind of home life, they would probably find their reform making considerable progress. It is not the solitary in these days, that need to be set in families, so much as it is the flocks and droves of human beings that are losing.

in their too gregarious life, those essential virtues which take root and flourish nowhere else but in the safe enclosure of the home.

To restore the home life, then, so far as it can be done; to give to it, in our teaching and our testimony, the honor and praise that belong to it; to discourage the breaking up of homes through indolence; to bestow our heartiest commendation on those young people who have courage to begin housekeeping in a small way, and to show them that they gain rather than lose respect by such a brave adjustment of themselves to their circumstances-this is the duty of the hour. But the rehabilitation of the home in our social life will not be complete and permanent until some deeper sense of its sacredness shall be impressed upon the minds of the people. The foundation of the home must be laid in religion. The relations that that constitute the home deserve the sanction and the consecration of religion. Marriage may not be a sacrament of the Church, but it is the sacrament of the home; and what is begun with prayer ought to continue as it is begun. The solemn obligations of parentage - who can assume them without the divine guidance? It is in these relations of the home, when we turn away from the competitions of the world and enter the realm of unselfish affection, that we feel the power of those deeper motives through which religion appeals to us. In this human love, as in a mirror, darkly, we begin to discern something of the glory of the divine love.—The Century.

## The Disinfection of Sleeping Apartments.

The *Med. Record* tells us that Professor König, of Göttingen, in an article on this subject in the *Centralblatt fuer Chirurgie*, says that at one time, while he was practicing medicine in Hanau, he suddenly discovered that his bed-room was thickly inhabited by bugs. A friend assured him that he could speedily rid him of the pests, and proceeded to fumigate the aaprtment with corrosive sublimate. The success of this measure was most gratifying, and when the room was opened the dead bodies of various kinds of insects were seen strewn about the floor. This incident led the writer to hope that the same means would be effectual in destroying the infectious elements of contagious diseases, and a trial in private houses after scarlet fever or measles, and in hospitals after erysipelas or pyæmia, gave most satisfactory results. Since adopting this method, he has never seen a second case of a contagious disease which could be attributed to infection remaining in the room in

which the patient had been confined. The mode of procedure is very simple. From one and one-half to two ounces of corrosive sublimate are put on a plate over a chafing-dish, and then the windows and doors are closed. At the expiration of three or four hours the windows are opened, and the apartment is thoroughly aired. The person entering the room should take the precaution to hold a sponge or cloth over the mouth and nose in order not to inhale the vapor. The following day the windows are again closed, and some sulphur is burned, in order to neutralize any of the mercurial fumes which may still linger about the furniture and other articles. The room is to be again aired and cleansed, and will then be ready for occupancy.—Medical and Surgical Reporter.

# BOOKS AND PAMPHLETS.

The Dental Eclectic: A Bi-monthly Journal, conducted by S. S. Willard, D.D.S., and published by H. L. Willard, Knoxville, Tenn.

Vol. I., No. I., of a volume bearing the above title is before us. It will no doubt prove of value to many, especially those who subscribe for but one or two dental periodicals, as its design is to select the best from all. We quote from the conductor's salutatory: "The character of the journal is best explained by its title." "We shall always endeavor to present to our readers our pages filled with most carefully selected practical and interesting matter from the highest authorities in the profession." Perusing the same article further we find the following singular coincidence (?). While introducing THE DENTAL PRACTITIONER to the profession we made use of this language: "It is our intention to make THE DENTAL PRACTITIONER eminently practical, and for this purpose we solicit from the profession at large interesting and instructive incidents of practice, which we shall be happy to record, knowing that such articles are eagerly read by the practical dentist." Now, we find that Bro. Willard expresses the same sentiment in exactly the same words, except that The Denial Eclectic takes the place of THE DENTAL PRACTI-TIONER. Queer! isn't it? The new journal is offered to the protession at fifty cents a year, and we wish for it a wide circulation.

MILK ANALYSIS AND INFANT FEEDING. By ARTHUR-V. MEIGS, M.D. P. Blakiston Son & Co. Philadelphia, 1885.

The author of this valuable treatise has certainly undertaken in its production a labor of no small magnitude. Never was there a a more much-vexed question than that of the composition of human milk, and while scientists have vainly tried to place the matter upon a settled basis, infant mortality has not decreased, for in 1880 almost half the deaths in the United States were of children under five years of age. It is fair to presume that many of the deaths were avoidable, and that if the artificial feeding of infants were better understood, this proportion could be greatly lessened. The subject is dealt with in six chapters, which set forth as the results of the author's studies, that "human milk contains a very much less quantity of caseine than is commonly attributed to it," and puts forth his reasons and a detail of the methods by which the conclusions were attained. The fifth chapter, dealing specially with the "artificial feeding of infants," is in itself a valuable tract which should be scattered broadcast among the mothers of our land, that a rich harvest of precious children's lives might be speedily reaped.

QUIZ QUESTIONS: COURSE ON DENTAL PATHOLOGY AND THERA-PEUTICS. Philadelphia Dental College. Professor J. Foster Flagg, D.D.S. Answered by William C. Foulks, D.D.S. Third Edition. Revised and Enlarged. The S. S. White Dental Manufacturing Company. Philadelphia.

The above is the title-page of a very instructive little book of 129 pages, which according to its preface "is again offered to the Dental Profession as a work for reference in daily office practice." How valuable the matter contained in it is best indicated by the fact that the book has in a short space of time reached its third edition. While, undoubtedly, much of its contents is of special value to the students of the Philadelphia Dental College, and in special shape to meet their needs; it none the less fills a long felt want on the part of those interested in the treatment of teeth, and is a quite reliable epitome of the very able papers by the learned Professor on "Dental Pathology and Therapeutics" published in the Dental Cosmos. All who possess a copy of it will find themselves benefitted in proportion as they consult its pages.

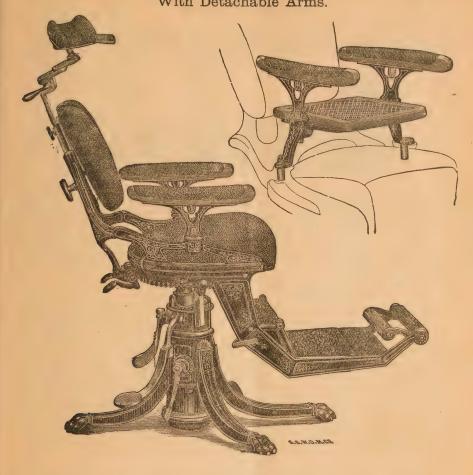
LETTERS FROM A MOTHER TO A MOTHER ON THE FORMATION, GROWTH AND CARE OF THE TEETH. By "Mrs. M. W. J." Third Edition. Published by Welch Dental Co., 1413 Filbert St., Philada. Price, 25 cents.

The appreciation of these "Letters" by the public and by the Profession is shown by the demand for a third edition.

This little pamphlet is admirably adapted to furnish the public with a vast deal of much needed information upon a most important subject. It is not expressing too much in its praise when we say that it should be carefully and thoughtfully read by every family in the land. We hope more and larger editions will be called for.

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—, D. D. S., Boston, Mass.

Prepared by M. S. NICHOLS, Dentist, Laboratory at Central Village, Conn.

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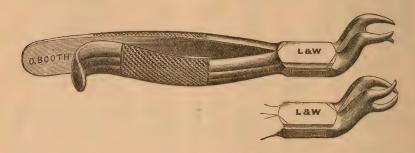
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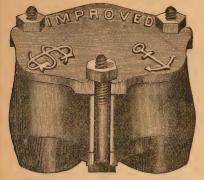
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No. 1 Rubber, per lb	No. 1 Weighted or Amalgamated Rub-
	The segment of Amargamated Rub-
Samson Pubbon and It	ber, per lb \$4 00
Samson Rubber, per lb	No. 2 Weighted or Amalgamated Rub-
Black Rubber, per lb. 2 25	har har la
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Gutta Paraha for Day	Black Weighted or Amalgamated Rub-
Gutta Percha for Base Plates, per	ber, per lb 4 00
1b	
Visi comite Chieffe D. 1	weighted Gutta Percha, per lb 4 00
vulcanite Gutta Percha, per. lb 3 50	Adamantine Filling or Stopping, pr.oz. 4 00

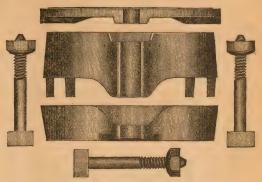
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I claim for my material, that point of perfection which is not, and never has been, excelled.

The following "clippings" are from my regular correspondence, and are selected from a large number of similar ones, which I am constantly receiving:

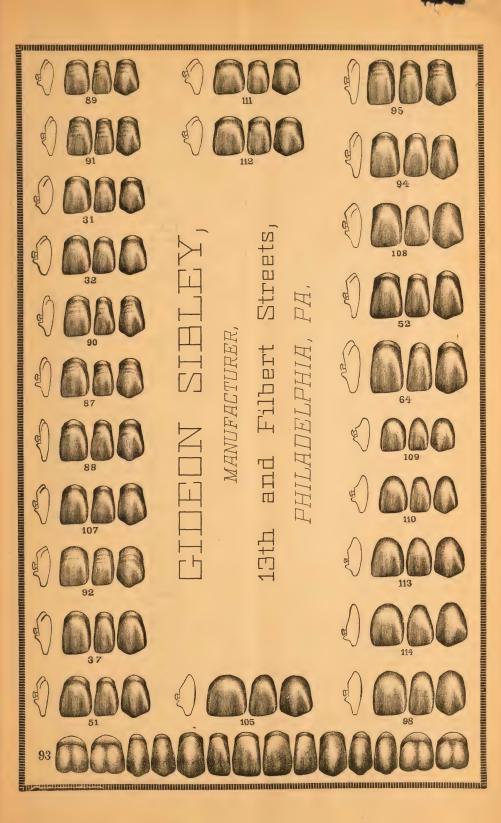
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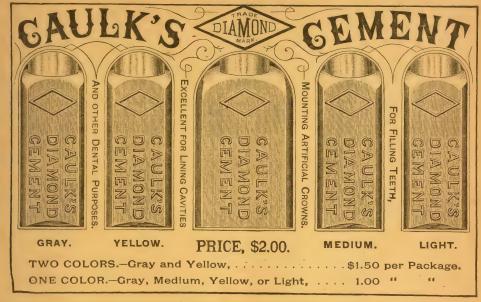
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# The Dental Practitioner

FOR 1886.

### PROSPECTUS.

The publication of the DENTAL PRACTITIONER was brought about three years ago, mainly by repeated complaints from the profession that so many of the dental journals then in existence, especially in this section, were filling their pages of reading matter too largely with articles praising and advocating the wares of certain manufacturers. The opinion was freely expressed that a journal free from these objections was much needed and would be well received.

The publisher of the Dental Practitioner being assured that if he would undertake the publication of such a journal he would receive the support of many of the best writers in dental literature as contributors to its pages as well as a liberal subscription list.

With these assurances the work was undertaken, and in January, 1883, the Dental Practitioner made its introductory bow. How well it has succeeded is left to those who have been its constant readers. How well it has been supported will be seen by the large number of articles written expressly for it. The fact that it is now read by most of the leading dentists of the United States and is no stranger in foreign countries proves too the value of its advertising pages.

One mistake the publisher made, that of making its subscription price too low for a journal of this kind. Having assurances that an advance would be cheerfully acquiesced in, it has been decided in future to make the

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As in the past, so in the future, its editors and able contributors will aim to preserve the spirit, originality, freshness, and excellence of its pages.

We desire to express our thanks to its contributors and subscribers for the past generous support.

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13th and Filbert Streets,

Publisher Dental Practitioner.

THE

# DENTAL PRACTITIONER.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

CHARLES E. PIKE, D. D. S., EDITORS. L. ASHLEY FAUGHT, D. D. S.

PUBLISHED BY

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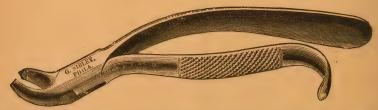
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# Dental Practitioner.

A MONTHLY JOURNAL OF DENTAL SCIENCE.

Vol. III. PHILADELPHIA, DECEMBER, 1885. No. 12.

### TEMPERAMENT IN MECHANICAL DENTISTRY.

Some of the most important factors in the formation of an artificial denture is the color, shape and size of the teeth composing it. If these are selected in accordance with the predominant temperament of the patient, and placed at the proper angle with the profile of the face, they will harmonize with the features, and can be justly called natural looking.

But if a mistake be made in one of the factors, the size, for instance, and teeth too small for the face be used, the combination is unnatural and mars the otherwise harmonious effect. Or if the defect be in the form of the teeth, and a flat-faced tooth be used instead of a round-faced one, the effect is again unnatural, because inharmonious with the temperament.

The truth of the above is often felt by the practitioner whose observations have been sharpened by years of practice in the insertion of teeth; how often has he been disappointed, after having selected teeth with great care, and some considerable work in grinding, to find on trial in the mouth that something was wrong—some incongruity has spoiled the ideas and plans with which he started,—in a few words, his diagnosis was faulty, he did not fully comprehend the size—contour and conformation of the face—the temperament of the patient.

This leads to the question, what is temperament? Dictionaries and encyclopædias give but meagre information; early physiologists give better definitions, but in their enumeration of temperamental characteristics do not mention the teeth as one; the later physiologists ignore the subject altogether.

The word temperament is a convenient name to designate that peculiar organization of an individual that may be described as his

constitutional and physical characteristics, manifested in the osseous and muscular development of the body, and vital forces of the nervous and circulatory systems; the conformation of the tace, head and body, the color of eyes, skin and hair, these collectively form his temperamental attributes.

Physiologists generally agree in classifying the peculiar characteristics of the human organization into four primary temperaments,—the Sanguine, Billious, Nervous and Lymphatic. From a dental standpoint, it is not necessary to include all that some physiologists enumerate as the characteristics of each particular temperament. A few of the most prominent traits, and those most easily remembered, are as follows:

An individual of Sanguine temperament is distinguished by good, rounded, muscular development, medium height, florid complexion, round, full face, generally light brown hair and blue eyes; the teeth are round-faced and evenly set, the upper slightly overlapping the lower, of a light yellow, uniform color when young, and brownish yellow when old.

Billious.—Form generally tall and squarely built, muscles prominent and well marked, square forehead, prominent cheek bones, black curly hair, black eyes, eyebrows heavy and straight, the teeth are of large size, flat-faced and angular, of golden yellow color when young, of a bronze color when old; the whole formation indicating endurance and strength of body and character.

Nervous.—Individuals of this temperament are much more delicately organized than the billious, the body is slimly built, the muscles more sinewy and rapid in movement, face of oval form and rather small in proportion to the head, hair and eyes brown color, the skin having dark tints running through it, the teeth of medium size, delicately formed, semi-round-face, and frequently quite slender, with narrow necks, of a clear transparent gray or bluish color, teeth of this temperament are of the most beautiful form.

Lymphatic.—Are of large, heavy form and muscular development, incapable of much exertion of mind or body, the very opposite of the nervous type, contour of face rather flat, forehead rather low, light-colored hair and not much of it, eyes of grayish color and cold and no expression, color of teeth opaque white, of spheroidal form and large and clumsy, of no beauty—made of poor dentine.

If the proper combination of form and color of teeth for each of the above temperaments be studied with care, and the laws

governing their association be well fixed in the mind, a great deal of valuable time may be saved that is spent in altering and changing teeth that prove, on trial, inappropriate and unsuitable to the physical characteristics of the patient. Everywhere persons can be seen with teeth that look artificial and out of character, formed by some skillful dentist (?), that may fit well and perform the office of mastication all right, but show a lamentable want of knowledge in the makers of the equally essential laws of harmony in shape, size and color, with the complexion and conformation of the face: this in some measure is the fault of the manufacturer of teeth, not having a suitable variety to select from, but mostly the fault of the majority of dentists outside of the large cities, who order rubber blocks by the hundred, without a question as to their adaptability, either in size or shape.

The most conspicuous defects in teeth are diminutive size and form. The diminutive size, too generally inserted, gives to the wearer an insipid and juvenile look that is discordant and out of place in the mouth of a sensible man or woman.

Another defect is the want of individuality in the teeth themselves. Most teeth, especially rubber blocks, are expressionless; they look as if they were simply marked out of a plain piece of porcelain, not moulded and carved as they should be, with distinct contours and approximal edges, well defined, that give character and expression to each temperamental distinction.

DR. W. R. HALL.

### A CASE IN PRACTICE.

The following may be of interest to the readers of the Practical Tioner:—About four weeks since, two gentleman patients called in the morning. Each was suffering from an acute abscess on the root of the right inferior lateral incisor. The general appearance of the two cases was similar. Accumulation of pus in alveolar socket was evident in both; there was greater swelling on the lingual surface of one than on the other, with evidence of it having been of a few hours longer standing. In this latter case I extracted the tooth, found considerable thickening of the peridental membrane around the apical end; this end for nearly or about the sixteenth of an inch was excised, the foramen enlarged, the root

from this opening cleansed and purified by carbolic acid and iodine, equal parts of each, and then the enlarged opening closed with a piece of sterilized pivot wood, carbolic acid being used for the purpose of sterilizing. The alveolar socket was washed out with warm water and then sponged out with a pledget of cotton, wrapped on an instrument, moistened in the carbolic acid and iodine; the tooth was now reinserted and firmly secured by linen ligatures to the adjoining teeth, and the gums on both the labial and lingual surfaces painted with iodine. In three days the application of iodine was renewed and the ligatures replaced and tightened. In the three weeks following, the patient called three times; at the last visit the ligatures were removed, the tooth was comparatively firm and the case dismissed as cured, the patient having had no pain from the first except the few seconds in extracting the tooth.

The other case, which by a singular coincidence was so similar in every respect, was drilled into, the root cleansed and saturated with carbolic acid and iodine. It has been under treatment ever since, the patient calling twice a week. It is not yet well, though filled temporarily; much thickening still remains in the tissues around the root, to which is applied occasionally tincture of iodine.

While the method of extracting and re-inserting for the cure of alveolar abscess has not been practiced to any extent, it does seem quite applicable in some cases of single-rooted teeth. Of the five or six of these operations, embracing those that had been knocked out by accident and re-inserted, which the writer has had, but one only has been unsuccessful.

C. N. P.

### GOLD AND GUTTA-PERCHA IN COMBINATION.

An Answer to the 'Review of a Criticism.''
BY H. H. EDWARDS, D. D. S., Madrid, Spain.

I must really admire the pluck with which Dr. Bassett stands by his "method," though his defence brings forward nothing new. However, it is a weak defence, one rather of language than principles. The "criticism" was by no means based upon a "misunderstanding of the subject in question," but upon thoroughly known and tried principles.

Before going further, I will make one admission, and that is that in reading the Doctor's article I did make one mistake, though I swear innocence to possessing a horse and cart or to even using borrowed ones, before or behind the other. The mistake I made was, that I thought the Doctor did not cover the bottom of the cavity with gutta-percha; I now see that he does. I am sorry he does so, for that condemns his "method" more than ever. That he supposes for one moment that I thought he left gutta-percha between the enamel and the plug is monstrous, for no sane man could suppose such a blunder on the part of a D. D. S.; also, I give him credit—though he does not claim it—of having his margins consist of both enamel and dentine. I thoroughly know what the Doctor means and I as frankly tell him that, if "thoroughness" is meant by his "method" he is wrong. That one can put in such fillings is correct, but guarantee them?—no. Neither is the "method" consistent, for in one place he says: "with properlyshaped spoon-excavators all parts of the cavity may be reached and the decomposed dentine removed;" while a few lines further on, in the same paragraph, he says, "the decalcified denture need not be removed in preparing the cavity," etc. If the Doctor tries all the differently shaped spoon-excavators that he can buy or make, he cannot be certain that he has cleaned a bottle-shaped cavity thoroughly; the mirror will not reflect the whole interior, and unless one can see directly or by reflection it is impossible to say if it be thoroughly done.

The secret of all gold filling lies in the preparation of the cavity and the thorough condensing of the gold against the sides and bottom. To think for one moment that one can thoroughly condense gold against gutta-percha is wrong; gold cannot be condensed against a substance that is in the least degree elastic, or even yielding; therefore, as the Doctor admits that the gold must be condensed, I cannot connect the practice with the preaching.

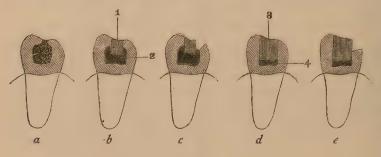
One must depend upon more than "firm margins" to hold a plug. What if those margins break or decay? Why out comes tumbling the plug wholesale. I repeat from my "criticism," that overhanging edges on a masticating surface is wrong teaching; the margins must sooner or later give way. That a plug must have firm margins is perfectly correct, but its anchorage or main stay must be in the body of the tooth, such as a good clean-cut cavity, —cut on mechanical principles from top to bottom—will give to

any plug; and then if so be that the margin breaks down, your plug will still stand firm as a rock, and can be repaired with ease.

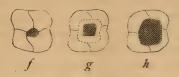
In Dr. Bassett's "method" the shaft of gold rests upon a quick-sand of gutta-percha, while the "firm margins" are supposed to anchor, steady, stay and maintain the plng, against all comers, by its upper portion only; he may not have looked at it in that light, but that is in reality what takes place, for it is clear enough the gutta-percha cannot be counted upon to be of any assistance to the base of the shaft; now comes the piece of bone, nut, sweetmeat or what not and accidentally spoils the margin or takes it off, wholesale or retail. In what condition is the plug left? That lower portion that is not exposed will be imbedded in gutta-percha. It may be pretty to contemplate, but I think the most useful thing to do would be to pick it out, if only to prevent the patient's swallowing it, and once more commence filling,—this "time in manner orthodox.

I have yet to see the bursting of a live tooth from a well-put-in plug in a crown cavity; an elastic or yielding base would constitute the most likely cause in such a catastrophe—if at all possible—but I doubt that it is so in either case.

I so fully refuted the "combination" in my "criticism," that this is only written to put the Doctor right on certain points. I know thoroughly well that I cannot expect Dr. Bassett to acknowledge that he has not "struck oil" with his "method," but I am convinced I have shaken his faith somewhat—judging from the feeble defense—and I trust he will privately alter materially his "method" with regard to "bottle-shaped" cavities. More, pro or con, is only occupying more valuable space than the subject justifies; therefore should Dr. Bassett wish further to argue this point I trust I may hear from him privately.



- a: Section of bottle-shaped cavity.
- b: Section showing Dr. Bassett's plug in position. 1. plug: 2. gutta-percha.
- c: Section showing the security of aforesaid plug after a break which must be frequent.
- d: Section showing ordinary method. 3. plug: 4. cement-
- e: Section showing security of plug 3 under a crushing blow, carrying away portion of margin; such break of rare ocurrence.



- f: View of cavity,—crown appearance.
- g: View of Dr. Bassett's plug; dotted lines showing portion overhung.
- h. View of ordinary method plug.

### ANTICIPATING CARIES.

BY C. É. FRANCIS, D. D. S., NEW YORK.

Often has it been laughingly remarked, that if our foresight was equal to our aftersight, the bent of our action would in many instances have been very differently shaped. And how pertinent this quotation, when considering the future welfare of our *clientele* as regards the preservation of their organs of mastication.

A wonderful faculty, indeed, that would enable one to see clearly into the "dim and shadowy future," and prognosticate with accuracy for years ahead. If this could be done with mathematical precision, many tasks of a perplexing nature would be comparatively easy to manage, or to wholly prevent, and much trouble might be saved. However, lessons gathered from experiences and observations of the past, if carefully weighed and duly considered, may prove of great service in giving character to present decisions.

That teeth in the mouths of some individuals decay more readily than in others is a fact everywhere known, and while many persons have little or no trouble in keeping them in good condition, others must give them unremitting care, or they become a source of perpetual annovance.

Such varied conditions are due to peculiarities and circumstances. Much depends on shape, arrangement, texture or degree of density, and the physical condition of their possessors. Much also in the way of their preservation depends on proper use, methods of cleansing or degrees of cleanliness, a systematic observation of hygienic laws, and by trequent examination, with good care and treatment at the hands of the intelligent dentist.

A crowded condition of the dental arch favors proximal decay, the most vulnerable point being the point of enamel contact, a fact which no practitioner of extended experience has failed to observe. Extraneous accumulations that work their way into the dental interstices are retained in their cervical pockets, and when in a state of fermentation cause mischief to the enamel walls. The poorer the quality of enamel structure, the greater is the danger to be apprehended from agents of decalcification. Teeth of a low-toned or impoverished character, if crowded, are almost always sure to be attacked by proximal decay, and especially is this the case with the superior bicuspids, and with incisors where overlapping occurs.

How to obtain relief where teeth are badly massed together is, in many instances, an exceedingly perplexing undertaking, and a great diversity of opinion exists as to methods of securing it. With young patients, space is often obtained by enlarging the dental arch. by means of regulating appliances. The "Coffin" and "Talbot" devices are valuable aids in accomplishing this result. Room is also frequently secured by extracting one or more teeth, according to requirements. This practice, as a means of anticipating or preventing the formation of caries has, for half a century or more, been earnestly recommended and largely adopted by many prominent members of our calling in this and other countries, and continues to be the practice of a great number of our fraternity, who have, with sorrow, witnessed the destruction of many fine dentures, which irregular and crowded conditions have tended to hasten. No one will dispute the assertion that the timely removal of a single tooth has, in innumerable instances, been the means of saving several from destruction. Such pioneers of the dental art as Drs. Parmly, Foster, Dunning and others who practiced in New York. men of excellent professional record, were forced to the conclusion that twenty-eight sound substantial teeth, requiring little or no care on the part of the dentist, were infinitely better and far more lasting than thirty-two defective ones that demanded constant care, and which were destined to become loaded with metallic fillings or to crumble away—perhaps both, in the end. Our esteemed friend, Dr. Clowes of New York, whose efforts to save human teeth have been crowned with remarkable success, and whose valuable suggestions are based upon a long career of active practice and careful observation, has advocated the same doctrine, which he considers sound. Many times, at society gatherings, has he declared that "enamel contact is always a menace of danger," and in order to give relief to a crowded arch he would "weed out" the sickly occupants, and thus secure room and health for the other members of the dental community.

On the other hand, many excellent dentists prefer cutting away the proximal surface of the teeth, rather than to obtain space by extraction, With adult teeth of good texture, this practice, in many cases seems to have answered the purpose intended, and has proved the salvation of teeth thus treated. Thousands of dentures have been separated by means of files, disks and chisels to save them from decay, and in some instances, although reduced to unsightly slabs, have for years firmly maintained their integrity, as if in utter defiance of the agents of decalcification, or the elements of decay.

Who has not beheld such cases, and plenty of them? Teeth standing alone, unless previously tainted, if treated with any sort of care seldom decay, and mere fragments that have been reduced by artificial means have remained in a state of health where, even in the same mouths, other teeth crowding each other have succumbed to the ravages of disease.

Grains of wisdom may often be gathered by acquainting ourselves with the experience of others, and in witnessing the results of their practice, and in efforts to prevent proximal decay, some points thus

gained are worth considering.

As a rule, where the dental arch is unduly contracted, the teeth irregular or crowded, much benefit may be derived by expanding the arch with meehanical devices. This will sometimes accomplish the object desired. If, in irregular and crowded conditions, where the teeth seem impoverished, the enamel rough or abounding in pits, and showing unmistakable evidences of proximal failure, it is good practice to remove either the sixth-year molar or one of the

bicuspids on either side of one or both arches, according to circumstances.

Where extraction is the resort of anticipating caries, it should be done sufficiently early in life to obtain the space required. Every year's delay, after the eruption of the second molars, lessens the chances of gain by this means.

One of the principal objections to the removal of the above-named teeth, is, that a part of the masticating surface is lost thereby. If, however, the loss of this little surface for a brief period of time (or until the spaces close up) will insure a much larger masticating surface for a life-time, is it not simply making a comparatively small sacrifice to gain a permanent benefit? Mastication is no less important to the health and comfort of a mortal as the years of life's march roll on.

If space is to be obtained by cutting away the tooth structure, it is important to consider the nature of the material to be thus treated, and to do it *artistically*. Compact and yellow teeth in the mouth of an adult will bear the effects of cutting better than the more delicate and pearly-looking ones. Children's teeth are less benefitted by having them filed apart, and the expediency of thus treating them is (as a rule) one of serious doubt.

The main objections to cutting away the proximal surfaces are, that their contour is destroyed, and the spaces thus formed aré productive of annoyance in masticating food, but it is argued that even this is better than to have them *decay* away.

We confess that we greatly dislike to see teeth mutilated by having their surfaces ground away, and we dislike also to see teeth breaking down from the effects of caries.

But, in all conditions where crowding occurs, good judgment is a great requisite when considering what to advise; and good judgment comes only by careful study and close observation. In any event, under all circumstances, a condition of cleanliness within the oral cavity is a most important consideration. Unfortunately, however, so small a proportion of human mortals manage to keep their teeth free from mischievous deposits, that little reliance can be placed on their efforts to prevent approximal decay.—Independent Practitioner.

NOTE.—As this article treats simply of the "anticipation" of caries the saving of teeth by means of fillings is not herein referred to.

### PATHOLOGY, THERAPEUTICS AND MATERIA MEDICA.

BY A. W. HARLAN, M. D., CHICAGO, ILL.

Read before the American Dental Association, at Minneapolis, Minn., August 6, 1885.

The discoveries of the past year in dental pathology are not sufficiently numerous to warrant even a summary of the contributions in this special field. The most important, the work of Miller, either through lack of interest in strictly scientific investigation or failure to comprehend the vastness of his labors to elucidate the the causes of dental caries, has not yet been entirely accepted by the mass of the profession.

The next most noteworthy contribution in the field of pathology has been the one which attempted to foist on the unsuspecting and guileless practitioner actinomycosis, or "lumpy" jaw, in the human subject. At least two cases have been reported during the past few months of ordinary alveolar abscess which were gravely declared to be "lumpy" jaw, and similar to that observed in cattle. Expert microscopists, after examination of the contents of the swellings, declared the micro-organisms to be veritable actinomyces.

A very exhaustive paper reviewing the work of Israel, Zollinger, Virchow, Duncker, and others, accompanied the report of the first case. The second case, after the extraction of the tooth, recovered without any treatment, showing that lumpy jaw in the human subject need not necessarily be fatal, even though actinomyces be present in the pus of an alveolar abscess. In both cases the teeth were carious and unfilled, and, as has been shown by Ziegler and others, the actinomyces are almost constantly present in the mouth, air-passages, throat, intestinal canal, and elsewhere. It were the simplest and easiest matter in the world for this organism to be found in the pus taken from an alveolar abscess without a fistulous opening. Actinomyces have been found underneath the gum overlying an erupting wisdom-tooth without producing so-called "lumpy" jaw. They are instantly destroyed the moment they are exposed to free oxygen, and may, in consequence, be styled anærobic germs. The interest which these pseudo cases of actinomycosis have for dentists is this: Pus taken from blind abscesses should be examined under the microscope to discover if actinomyces are constantly

present, or only when the crown and root are unfilled; the organisms will not be found in the pus from a fistulous abscess.

Other papers, reports, and discussions, on dental and oral diseases have failed to invite criticism or summarizing, on account of paucity of ideas contained therein. The work which I have imposed upon myself in an investigation of the pathology of pyorrhea alveolaris is still unfinished, and I shall have to beg, as committees are wont to say, for further time.

In the domain of materia medica and therapeutics more activity has been shown, and the mass of the profession is gradually being weaned from the empirical use of only one or two remedies, and availing themselves of a more extended and useful knowledge,—a wider selection from materia medica. Although former years have given us the uses of a numerous list of drugs, yet none have created such a widespread interest as cocaine. It is hoped that a full discussion of its merits and failures will take place here. Having used it in all operations on the mouth and teeth, especially in the extraction of pulps and as an obtunder of sensitive dentine, I have come to the conclusion that we have a vastly more efficient remedy in the stronger tincture of cannabis indica, or the normal liquid (an extract) for such purposes, than any form of cocaine that I am acquainted with. A tincture of the strength of 3x of the flowering tops to alcohol Oj is sufficiently concentrated to obtund in from three to five minutes the most sensitive cavity in a tooth. The cavities should first be washed with tepid water to remove all débris, and the gums adjacent to the teeth to be operated upon painted with the fluid extract or tincture a minute before adjusting the rubber-dam. A clamp or ligature can then be adjusted without pain. I have removed the pulp from a tooth painlessly after saturating it with the stronger tincture in from five to eight minutes. The tincture of cannabis indica was first used in England about one year ago by Mr. Aronson to obtund the gums before extracting a tooth. It was used very much diluted in warm water; the gums were saturated by painting them; then the beaks of the forceps were warmed and dipped in the diluted tincture, and the patient was said to have felt no pain. My experience with cannabis indica has been as an obtunder of sensitive dentine, exposed pulps, and by injecting a weak extract into pyorrhea pockets previous to removing deposits from the roots. I have been unable to obtain good results by using cannabin, the active principle of cannabis indica. A patient should not be allowed to swallow a very large dose of the above tincture or fluid extract, as these proportions are about three times stronger than the ordinary tincture or extract. The antidote is the same as for opium.

Your attention is called for a moment to a consideration of resorcin and tereben, both antiseptics of great value to the dental surgeon. Resorcin is no new drug, as experimental therapeutists would testify; but its merits are little understood by dentists, and its use has been limited, even in general practice. It may be used in all conditions where carbolic acid has been indicated without the danger of the latter, as it is neither poisonous—except in very large doses—nor escharotic, except when used in crystals or powder. Tereben is the active principle of the oleum terebinthinæ, and has for composition C<sub>10</sub> H<sub>16</sub>. It is a transparent, limpid liquid, with no unpleasant odor or taste, and is a ready absorbent of oxygen. It is disinfectant, antiseptic and stimulant. It may be used in and around the roots of teeth for all the usual purposes of disinfection and stimulation, and is especially useful for the destruction of anærobic germs, such as are found in closed abscesses. It is not an obtunder of sensitive dentine, and is not used as a dressing for exposed pulps. It will destroy the foulest odor which proceeds from the decomposition of a pulp. It does not irritate the most sensitive surface, and it is especially useful as a dressing for root-canals when they are particularly mal-odorous. It dissolves readily in all the essential oils, and is a solvent for gutta-percha, jodine, various resins, and is soluble in alcohol, one part to ten. Its merits in the above-mentioned cases are undoubted, and a iew trials will convince the most skeptical of its great efficiency.—Dental Cosmos.

### WOMAN AND HER TEETH.

BY T. DWIGHT INGERSOLL. ERIE, PA.

Were it not for the fact that sex is characteristic of almost every species of animal life, we might infer that the anatomical and physiological differences beween man and woman would have separated them into two distinct species; indeed, according to the rules of

classiffication, other species might have intervened and remained distinct to this day. Organizations so diverse in form and function may be attributable to the kind of living matter with which each commenced existence. If both had started with exactly the same kind of protoplasm they would have come to adult life having the same sex, or perhaps without sex, if a highly organized asexual being were possible. The structure of all the organs of sense in both sexes are supposed to be alike, but the natural stimulants light, sound, food, odors—acting equally on both, do not affect the female as they do the male. A woman may have a cranium of the same form and the same weight of brain as a man, but cerebration will not be the same; both cannot have the same thoughts: sexual structure makes it impossible for both to have the same emotional exercises. It is believed by Dr. E. H. Clark that "organs whose normal growth and evolution lead up to the brain are not the same in men and women. Consequently their brains, though alike in microscopic structure, have infused into them different though equally excellent qualities. If it were not so, Emerson's lines would be absurd; sex would be a myth; men and women would be identical: and it would be folly to discuss the relation of sex."

In aboriginal life, habits and thoughts are more alike, but after the category of like parts and similarities is complete, there is still a deep gulf between them which never can be bridged. The female sex asserts itself sometimes in emotional states and feelings never experienced by the opposite sex. Children require a degree of tenderness and sympathy possessed by the mother which the father, from the very nature of his organization, is utterly incompetent to give. The difference in mental states is compensated by a kind of magnetic attraction, by which a constant interdependence of the sexes is established. The woman, being conscious of her weakness, turns naturally to her lord for help and protection, while he, knowing his superior strength, delights in supplying her wants, and in making her happy. Gratification of this character fosters a feeling of dependence, to the neglect of a proper amount of out-door physical exercise, and tends to enervation, general debility, and a premature loss of teeth. A mother's teeth are sympathetically connected with the reproductive organs, giving her sometimes severe pain during the period of labor. The Mississippi Valley Monthly contains the statement of a lady thirty-two years of age, as follows:

"I am the mother of five living children, one dead. My terms of gestation are unmarked by anything unusual. My labors last about eight hours on an average. My last came on as usual with me-pains beginning in the back, passing down to the lower part of my bowels. When I had been in labor about an hour, the pain suddenly ceased in my back and womb, but set up in a tooth that had been aching several times during the past nine months. The pain was paroxysmal, coming and going just as it did in the womb. The pain was in the cooth when my physician came, and he wanted to extract it, but it being one of but a few remaing molars, I said to him that the cavity in it was small and that I wanted it filled,couldn't he put something in it, and stop the aching? He put cotton saturated with chloroform into the cavity. The pain left the tooth to appear in the back and womb, but the effect soon passed off; the pain in a few minutes returned to the tooth, to be again and again relieved by the chloroform. The doctor said no progress was being made in the labor, and that in his opinion none would be until that tooth was removed. \* \* \* Twelve hours had now passed; none of my former labors had gone over eight,generally six hours terminated them. I had become, I thought exhausted, and asked the doctor to extract my tooth, which he did, and my by baby was born in an hour."

Last April Dr. W. H. Atkinson related an almost identical case before the First District Dental Society of New York State. The painful tooth, however, according to Dr. Atkinson's statement, "was not much decayed." The expression is too indefinite to be valuable. It may be supposed, however, that the pulp was more or less exposed, as treatment gave relief. In this case labor had usually occupied about six hours, but now it had lasted thirteen hours. After the painful tooth had been extracted, "the baby was born within an hour."

The pregnant condition may not be the only one involving sympathetically the fifth pair of nerves, as it is supposed the teeth are more or less affected in menstruation, and sometimes in the change to puberty. It is believed that "not only pregnancy diminishes the density of the teeth," but according to Dr. V. Gallippe, "this aptitude for dental caries frequently coincides with puberty and is accentuated by each succeeding pregnancy." He and Landouzy attribute this to the lowered degree of alkalinity of the fluids of the body. To satisfy himself that these conditions had a direct bearing on the teeth, Dr. Gallippe made a large series of

observations in hospitals, showing that in a majority of cases the saliva was acid. "The elimination of carbonic acid, is greater in man than in woman; it is nearly double at the period of puberty."

Mothers in the pregnant condition had learned to expect pain in the teeth before it was known to dentists. They now send their daughters to a dental office before marriage, that they may escape as much pain in the teeth as is possible on becoming mothers.

It seems that premature loss of teeth is attributable to evils resulting from civilization, and an inquiry arises in regard to some possibility of retrieving the loss. It may be said that "a return to the primeval state of the race would insure for it a perfect denture." But even if it were conceded to be effectual, the plan is wholly impracticable. If degeneracy is largely attributable to civilization, each case must be regarded as an inheritance which has been acumulating for many hundreds of years. The retroactive manner of life necessary to repair the loss would require " other hundreds of years for its accomplishment, and might produce unfavorable changes in the organism so great as to cause the extinction of the race (unless brought about slowly) before restoration of the teeth to primitive development could be effected. Instead of falling back into the pre-Adamic state of existence, contrary to inclination and sound reason, let us hold on to the progress already made, and gather up what little intelligence we have to check the progress of abuses incident to a glorious civilization. Some means should be devised to restrain those habits that tend to degrade the mind and enervate the body. Public sentiment should be awakened and stimulated to exertion in suppressing licentiousness, where legal measures and church influence are inoperative. Obscene literature should be crowded out by that which is elevating and ennobling, and the church should enfold its younger members in bonds of purity in thought and action. If suitable measures could be instituted for the prevention of marriage by those who are diseased. it would be a grand step toward human improvement, on the principle of the "survival of the fittest." Before the present free-marriage system can be broken up, in favor of a prohibitory one in cases of disease and near-blood relation, general intelligence and scientific principles must be brought

to bear on the public mind, until it would feel the importance of favoring any movement or law that would lift humanity to a healthier and nobler plane of life and thought. With a general improved physique and health, there would come a more perfect development of the teeth, and consequently there would be less suffering and decay, as such teeth have a greater power of resistance to whatever tends to their destruction—Ohio State Journal of Dental Science.

### The French Quack Dentist.

Among the charlatans who go the round of the French fairs there is no more comic type than the quack dentist. His dress varies according to the taste and humor of the individual, but it is always extravagant and fantastic. One of these dentists is well known to the Parisians. He generally appears here at least once a year, on the occasion of the National Fete, and he is likely enough to turn up also at the fete of Neuilly or the September fete of St. Cloud. He is dressed like a mandarin, excepting his pigtail. His hair is plastered against his temples, his face is painted and his moustaches are bigger and longer than any which French artists paint on their Gaulish warriors. He addresses his public from a platform on wheels, at the rear of which a lean girl grinds out the inspiring strains of the "Marseillaise" when he gives the signal for music. When he has gathered a small crowd in front of him, he addresses them much in the following style: "Ladies and gentlemen, you know that nowadays you can have an arm or a leg cut off and feel no pain. How is this done? It is done by electricity. Now I, by the help of what I call my electric perfume [he shows a bottle], can cure you of any toothache without pulling out the tooth or even looking at it. Listen to me, my good friends. Has any one amongst you the toothache? If so, let him come up here." This invitation generally has the result of bringing some simpleton, greedy of distinction, upon the platform. Such questions are put to him that his answers are always amusing. The quack then tells him to open his mouth, and while the "electric perfume" is being applied the "Marseillaise" is struck up on the barrel organ. It stops again, however, after a few bars, and the quack asks the patient if he is cured. To be sure he is cured. Then the dentist

continues, "Now I know what you are all thinking about. You are saying, 'I wonder how he sells his electric perfume?' Well, in all my depots it is one franc the ounce, but here I will give it away, though I know you have too much heart to take it without leaving something in return. Therefore, in order that you may have the satisfaction of saying you have paid tor it, I will give it to you for sixty centimes only,—that is, for twelve miserable sous. While he is selling his bottles there is another and much longer spell of the "Marseillaise."—Boston Evening Transcript.

### Prehistoric Dentistry.

The Brit. Med. Jour. says that the Romans of the Augustan era were acquainted with the art of replacing lost teeth by means of artificial substitutes is clearly established by passages in Martial and Cicero, but recent investigations show that this mode of remedying personal defects is of considerably earlier origin than has hitherto been supposed. A few months ago, Dr. Van Martor, a dentist practicing in Rome, published in an American journal an illustrated description of a partial upper denture found in an Etruscan tomb, dating from about B. C. 600, and now preserved in the museum at Corneto Targuinius, near Civita Vecchia. It carries a first bicuspid and two central incisors, skilfully carved from the teeth of some animal, and was secured to the adjoining natural teeth by rings of soft gold. The journal of the British Dental Association for September contains well-executed drawings of two similar specimens, also found in Etruscan tombs, and presumably of about the same date, which were recently discovered in the Brown Museum at Liverpool by Dr. W. H. Waite, of that city. One of these consists of a gold band, which was attached to the two lateral incisors, and carries two artificial centrals; the other carries an artificial right lateral and central, and was secured to the right upper canine and left central incisor. The specimens are of great interest as further indications of a high condition of civilization among a people of whom comparatively little is known.—Medical and Surgical Reporter.

An exchange says that in the lottery of life the dentist is always drawing something. Yes; and as in all other lotteries, there is always something rotten in connection with his drawing.

### THE DENTAL PRACTITIONER.

CHAS. E. PIKE, D.D.S.,
L. ASHLEY FAUGHT, D.D.S.,

EDITORS.

THIRTEENTH & FILBERT STS.

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### EDITORIAL.

### Epithelioma of the Lip.

The patient, a farmer (aged 50) was always unusually healthy. His mother died of cancer, and his uncle, on his mother's side, had a cancer removed from the lower lip, and it has not returned. Fourteen months ago he was cut by a barber on the lower lip, on the left side, near the angle of the mouth, ever since which time he remembers that there has been a purple spot there; afterwards he burnt this spot with a cigar. This small lump began to grow; for the first year it grew very slowly, was not very painful, and did not ulcerate; but for the last two months it has grown very rapidly, has become ulcerated, but has not been very painful; it stings a little. It covers the lower lip from the median line to an inch beyond the angle of the mouth, down to the symphysis and back to an inch beyond the corner, along the ramus of the inferior maxilla. It is ovoid in shape, like a large hen's egg, and projects one and a half inches above the surrounding surface. The external surface is nodular, bleeds, and is very foul. It has no connection with the bone. It is removed by a triangular incision, the flaps being dissected far enough down to form a lip, and the edges are brought together with harelip pins. There is a great deal of hemorrhage in the operation, which is controlled by the pins. Discharged cured.

-Med. and Surg. Reporter.

### Dentistry in Russia.

A set of rules has been published by the Russian Government on the education and qualification of dentists. As evidence of a sufficient preliminary education, they must have passed through six out of the eight classes of a classical or real gymnasium. Their professional studies may be carried out either in universities, where arrangements will be made for the foundation of special odontological chairs, laboratories and out-patient departments, or in private institutions, approved for the purpose by university authorities. At the end of the period of studentship, the length of which does not appear to be defined in the present regulations, a practical and theoretical examination must be passed, and a diploma obtained.—Medical and Surgical Reporter.

### DENTAL SOCIETIES.

DENTAL SECTION IN THE INTERNATIONAL MEDICAL CONGRESS FOR 1887.

A call issued November 10th, 1885, signed by Drs. Taft, Barrett, Allport and Dudley, convened some twenty dentists at the Genesee House on the morning of Monday, November 16th. These were representative men from Boston, New York, Philadelphia, Chicago, Buffalo, Cleveland and other cities. The meeting was organized by calling Dr. Taft to the chair, and Dr. Dudley to act as Secretary. The former in a few appropriate remarks stated the object of the meeting, which, as he said, was for the purpose of obtaining the views of the dentists throughout the country regarding the establishment of a section on Dental and Oral Surgery in the forthcoming International Medical Congress to be held in Washington in 1887. In answer to inquiry for information regarding the circumstances which led to the abolition of the Dental Section after it had once been established, it was stated that the new committee appointed in New Orleans desired to reduce the number of sections, so two were consolidated with others, and the one on Dental and Oral Surgery was abolished as being unworthy a place in a medical congress, and was only re-established upon the earnest solicitation of dent sts appealing by letter for recognition in said congress.

The twenty gentlemen present, with but two exceptions, felt that this was a humiliating position, and upon motion the following resolution was discussed at length, and finally adopted without a dissenting voice:

Resolved.—That we as members of the Dental Profession deem it inexpedient to recommend the organization of a Section on Dental and Oral Surgery in the International Medical Congress of 1887, under the present circumstances.

Some ten or twelve letters were read from those who had been invited to the conference but were unable to be present. These, with few exceptions expressed the sentiment that the dentists had better be unrepresented in the congress unless they could go in in an upright and creditable position.

[We regret if the dental profession or any part of it desires to place itself in the humiliating position of *begging* admission to the International Medical Congress.

The committee having control of such matters saw fit to abolish the Section of Dental and Oral Surgery. Very well. What harm did it do the dental profession, or what good will it do us now that they have seen fit to reinstate it? Those who expect to see the standard of dentistry elevated by clinging to the skirts of the medical profession, we fear, are doomed to disappointment. The dental profession will not be dragged to a higher plane by any such external influence, but we firmly believe that it will "get there" all the same, by its own inherent energy. The dental profession is old enough and strong enough to stand upon its own merits. Certainly it contains good men enough and intelligence enough, and there are sufficiently important matters for discussion to warrant the calling of an International Congress of its own; and we believe more good would result to the profession and to the world from such a move than by playing second fiddle to an organization which has never advanced the interests of our profession, and from present appearances is not likely to do so in the future.—Ed.]

The Garretsonian Literary Society of the Philadelphia Dental College opened its third year of existence Tuesday, October 13th. The officers for the session are: President, Mr. J. P. Ruf; Vice-President, Mr. H. G. Pallen; Treasurer, Mr. B. B. Brey; Secretary, Mr. F. W. Gibson; Assistant-Secretary, Miss C. Brown.

### BOOKS AND PAMPHLETS.

Dental Bibliography: A Standard Reference List of Books on Dentistry published throughout the world from 1536 to 1885. Arranged chronologically, and supplemented with a complete Cross-Reference to Authors. Compiled by C. Geo. Crowley. 180 pages. Philadelphia: The S. S. White Dental Manufacturing Co., 1885. Price, cloth, \$2.00.

It seems evident that the publisher of the above-named volume undertook the task of presenting it to the profession without the expectation of pecuniary profit. The amount of time and research necessary to produce a complete work of this kind must have been enormous, and we have no doubt the expenses were in proportion. Commencing wth the year 1536, it catalogues 2047 titles in the different languages in which the works were printed, arranged in accordance with the years in which they were published, and ending with the most recent dental publication. "The work is divided into five departments or sections. Section I. contains books published in Germany, Austria, Holland, Norway, Sweden, Denmark, and Switzerland (German); Section II. books published in France, Belgium and Switzerland (French); Section III. books published in Spain and Italy; Section IV. books published in Great Britain and Ireland; Section V. books published in America. An author's index appended in alphabetical order gives cross-reference to all the volumes catalogued."

The dental profession have long felt the want of just such a work as this, and its compiler and publisher are deserving of thanks for the intelligent recognition of this want and the completeness with which it has been filled.

Being the only complete dental bibliography in existence, its value to those engaged in the study of dental literature, or in the collection of dental works, cannot be over-estimated. Outside of these considerations, it should appear in every dental library as a complete chronological history of the literature of our profession.

A SERIES OF QUESTIONS PERTAINING TO THE CURRICULUM OF THE DENTAL STUDENT. By Ferdinand J. S. Gorgas, M.D., D. D. S. Wm. K. Boyle & Son. Baltimore, 1885. \$1.50.

This work, as the preface states, "comprises leading questions on all the branches belonging to the course of study pursued by the

dental student, and its object is to facilitate the study of Dental Science and its collateral sciences." A careful examination of the book will show that if it fails to accomplish the object for which it has been prepared it will only be for the reason that it is not fully appreciated by the profession. It comes from the pen of a well-known author, and fills a want long felt by many Dentists. While of value to the student of any College of Dentistry, it will have increased value to the professional student in active practice. It is a splendid plan of study for the young and old practitioner. We are sure that if every dentist would faithfully work out the answers and their suggested line of study limitedly, that in a short period greater unanimity of knowledge in answering the questions of patients would exist in all communities.

THE SCIENTIFIC ADAPTATION OF ARTIFICIAL DENTURES. By C. H. Land. Detroit, Mich. 1885.

The author of this neat little work of forty-four pages dedicates it "to those who will give it their careful consideration," and sets forth as its mission "To treat systematically of the conditions found to exist in the mouth, and to properly adjust artificial dentures." About half of the book is devoted to this object, some sixteen pages being occupied by short paragraphs on many subjects under the general heading of "Hints for the Laboratory."

Physician's Visiting List for 1886. (Lindsay & Blakiston's.)
Thirty-Fifth year of its Publication. P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia. Price, according to Size and Character, from \$1.00 to \$3.00.

This is a very complete, compact and excellently arranged book for the use of Physicians, in which to keep a record of their daily visits. It has in addition to blank leaves for this purpose, portions arranged for Monthly Memoranda, Addresses of Patients and others, Obstetric Engagements, Record of Births and Deaths, etc. Among its other valuable features are the List of Poisons and Antidotes; Dose Tables, re-written in accordance with the Sixth Revision of the U. S. Pharmacopæa, Marshall Hall's Ready Method in Asphyxia; Lists of New Remedies; Sylvester's Method for Producing Artificial Respiration, with illustrations; Diagram for Diagnosing Diseases of Heart, Lungs, etc., etc.

The publication is too well known to need any comment from us.

TRACTS ON MASSAGE. Translated from the German of Reibmayr, with notes by Benjamin Lee, A. M. M. D., Ph. D.

The tract on Massage by Dr. Benj. Lee is worthy the perusal of Physicians. That this hand-maid of medicine is of great value is unquestionable, but that this agent is largely in the hands of inexperienced, and not unfrequently unintelligent persons is a disadvantage to both physician and patient. We hope that Dr. Lee, in his future tracts, will give some hints as to whom or by whom he thinks this work ought to be done, and whether in the hands of the ignorant it may not be injurious, and if these manipulators ought not at least to have had satisfactory hospital or other training and possess a fair and accurate knowledge of anatomy, physiology, etc., so as to secure the best results for the comfort and benefit of the patient, and satisfaction of the physician recommending its use.

J. B. W.

A BEAUTIFUL and exceedingly deceptive imitation of ivory susceptible of a variety of applications, may be prepared by dissolving two parts of caoutchouc in thirty-six parts of chloroform, saturating the solution with ammonia gas, and distilling off the chloroform at 185°, and then mixing the residue with phosphate of lime or zinc-white, and pressing in suitable forms and drying. The phosphate of lime affords the best imitation.

Luminous trees are reported to be growing in a valley near Tuscarora, Nev. At certain seasons the foliage gives out sufficient light to enable any one near at hand to read small print, while the luminous general effect may be perceived some miles distant. The phenomenon is attributed to parasites.

—The teeth of pupils in Chicago public schools, under a resolution adopted by the board of education of that city, are to be examined by the Chicago Dental Society "in the interests of science." The examination is to be made without cost to the children and without interfering with their studies.

—The only circumstances under which a man can pull more than a horse is when he is pulling at a bottle.

-Burlington Free Press.

# PURPOLENE VARNISH!



### Somewhing Rew!

USED IN VARNISHING PLASTER MOULDS
FOR VULCANIZING RUBBER,
DENTAL PLATES, RUBBER STAMPS,
&c., &c.

Imparting a smooth surface, without destroying any of the fine lines in the Mould.

PRICE. (including Brush) 25c. per bottle

P. S. THE ABOVE IS NOT MAILABLE and should be ordered with goods being sent by Express.

### DENTAL FILES.

# J. M. EARNEST,

# MANUFACTURER OF DENTAL FILES,

OF ALL DESCRIPTIONS, WARRANTED EQUAL TO THE BEST MADE.

USUAL DISCOUNT TO WHOLESALE DEALERS.

FACTORY: No. 524 Sargeant Street, Philadelphia, Pa.

### FRENCH'S SELECTED DENTAL PLASTER.

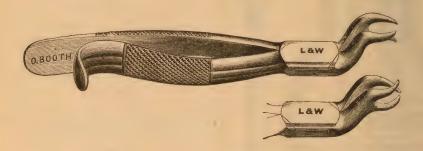
		air-tight	can,	٠					\$ .70
12	6.6	6.6							1.15
16	66								1.45
24	**	. 66							2.00
Qua	arter-B	arrel,					,		1.60
Hai	lf	66							2.50
On	e	66							3.50

We also keep slow-setting Plaster, which is preferred for Models and Flasking: at above prices. When sent by freight, porterage extra

### LUKENS & WHITTINGTON,

# DENTAL INSTRUMENT MANUFAGTURERS,

626 RACE STREET, PHILADELPHIA, PA.



### THE O. BOOTH, OR THREE-PRONG FORCEPS

Since making sample pair of these Forceps for Dr. Booth, from his original pattern, we have had constant inquiry and demand for them, showing they have met the need long felt for a proper Forcep in Extracting Upper Molars, where the crown is broken, or partly broken away. The above cut gives a correct idea of their form, so that further explanation we fecunnecessary.

PRICE 1	PER	PAIR,	N. P.,	 4.	\$3.00
All other forms,	66				2.25

PRICE PER PAIR, N. P.,

### THE CARMICHAEL

# Universal Rubber-Dam Forceps

We are prepared to supply the above, adapted to the Carmichael Clamps, from suggestions and patterns furnished us by Dr. J.P. Carmichael. We have also modified them so they will do same work as the Bowman Allen Forcep, making them the most "Universal" R. D. Forcep offered.

. \$2.50

Plugger points for Bonwill Mallet per set of 9,										\$4.00
Electric Mallet Pluggers, per doz.,		-	-		1	- "	-	-		\$15.00
Electric Mallet N. P. Sockets for S & L Point	s, eac	h,	1.0	-		-	-	*	1 -	75
Snow & Lewis' Automatic Points per doz.,	-,	-			, en	· (** )	-	-7		3.50
Barbed Nerve Extractors per doz	-	-	-		•	-	-	-	-	75

# REAIRING. Engine burs and Excavators per doz., Pluggers, Ordinary per doz., Pluggers, Fine, per doz., Forceps repaired and N. P. each,



# Surface Cohesion Forms for Artificial Dentures.

A system by which Artificial Dentures can be made much smaller, and hold firmly, as the cohesion extends over the whole surface of the plate, instead of only at one point as in the central air or suction chamber. By the use of the Surface Cohesion Forms the sense of taste is not impaired nor is twere any irritation. The inner surface of the plate will be covered with semi-oval projections (as seen in cut enlarged four diameters) the whole length of the plate, which causes it

to stick to the gums as if it were glued, and without causing any irritation of the membrane.

The Surface Cohesion Forms are cemented on the cast, with liquid rubber, the Surface Form being correspondingly cut; after the wax is boiled out, and flask packed, the flask is screwed together, and when vulcanized, the palatal surface of the plate will be covered with semi-oval projections its entire length, and with a beautiful clean finish. For gold, platinum or any metal, cement the "surface cohesion form" to plaster cast, mould in sand, make three zinc dies, and lead counter dies and swag up plate

SURFACE COHESIVE FORMS,

Put up neatly in boxes of one dozen, with full directions, -\$1.00. For sale at all Dental Depots.

A method of preparing Rubber plates for the vulcanizer without waxing or flasking. Full instructions furnished for \$5.00 on application to

### DR. J. SPYER.

245 East 19th Street, New York City.

PHILADELPHIA, JULY 13th, 1885. The undersigned have witnessed a satisfactory clinic given by Dr. Spyer of his new method of

> S. H. Guilford, D.D.S. Frank R. Faber, D.D.S. Theodore F. Chupein, D.D.S. Chas. F. Bonsall, D.D.S.

A, P. Beale, D.D.S. H. M. Sheppard, D.D.S. Thomas W. Buckingham, D.D.S. Geo. W. Cupitt, D.D.S.

### Following is the testimony of a few who have used Spyer's "Cohesive Surface Forms."

Dr. J. F. Chupein, Clinical Instructor, Pennsylvania College of Dental Surgery, writes:

constructing vulcanite plates.

DR JOSEPH SPYER, New York:

"A lady patient had lost all her upper back teeth on the left side from the cuspid to the third molar; all of her front teeth were intact, and the back ones also on the right side as far as the first molar. She wished a small plate that would not cover the roof of the mouth. I had misgivings as to the success of the case, but I am pleased to tell you that she wears the plate made by the use of your "Cohesive Forms," and expresses herself as being quite satisfied with it. She says the plate does not move or come down or fall while talking, laughing or eating.

"Dr, E. B. Goodall, inventor of Goodall's Spring Plate and the Goodall Forceps sums up his

experience with "Spyer's Cohesive Surface Forms" as follows:

Dr. Joseph Spyer, New York: "I have used your Cohesive Surface Forms with very practical results, and I am doing finely with the Forms particularly for plates on the lower jaw they stick beautifully and do not irritate the mucous membrane half so much as the old way, by reason of nontilting and holding more firmly in place.

Dr. Will. H. Johnson, chairman Ex. Committee of the Second District Dental Society of the State of New York, says: "I have finished using one lot of "Spyer's Cohesive Surface Forms" and I can say that they have given me the greatest satisfaction.

Dr. R. M. Griswold, Hartford, Conn., writes: Dr. Jos. Spyer, New York. "I have used your Cohesive Surface Forms and am pleased with the success I have had with several sets of artificial teeth which promised to be worthless.

Dr. C. A. Smith, Oneida, N. Y., writes:
"I have used 1 doz. of "Spyer's Cohesive Surface Forms" and like them very much.

We take this method of presenting to the Dental Profession

# NICHOLS' Carbolic Dentifrice,



Believing that no preparation was ever better adapted for the conservation of the health of the mouth and teeth. It is in fact mostly composed of Dental Medicines, prominent among which is **Carbolic Acid, or Phenol,** so combined with other medicaments that its objectionable odor and taste are hardly perceptible. This powder is saponaceous, and, though a great disinfectant and deodorizer, it is very agreeable to the taste, and imparts to the mouth and breath a prolonged sense of coolness and cleanliness.

It is a powder, soap and mouth wash combined.

Price for any amount less than ten pounds, put up in one-half,		
one, and two pound cans, per lb.	\$1	00
In cans containing ten pounds or more, "		80
In large size bottles for toilet use, put up in boxes containing		
one dozen each, with cork stoppers, - price per doz.	1	65
Same size bottle, with metalic screw top and screw cap, "	2	00
Same size bottle, with metalic top and slip cap, - "	2	00

These metalic tops are all finely nickel plated and will not tarnish.

Will send bottles labelled or not, as may be desired.

Sample package sent to any dentist or druggist desiring to try it.

For a member of the profession to advertise to any extent, it is accounted unprofessional, but there is no way of advertising which pays a dentist equal to a good dentifrice, neatly put up with his business address for a label.

We append concluding sentence from a private letter, of which we have many similar: "I think your powder has no equal. My patients agree with me. For a label 1 put on my name and place of business only, and want no better advertisement.

\_\_\_\_\_, D. D. S., Boston, Mass.

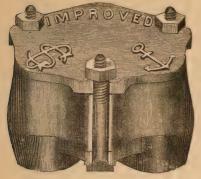
Prepared by M. S. NICHOLS, Dentist, Laboratory at Central Village, Conn.

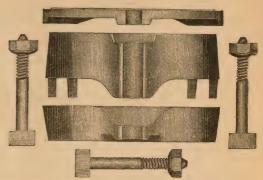
# WHOLESALE AGENT FOR PENNSYLVANIA, GIDEON SIBLEY,

13th and Filbert Sts.

Philadelphia, Penn.

# IMPROVED S ANCHOR FLASK.





The above cut represents a Flask of our own make, it being greatly improved over the old style Anchor Flask, in many respects, as follows:

It is larger in size, and much thicker, weighing nearly two-thirds more.

It has much longer guides, and is so constructed that it is impossible for the bolts to slip, thus making it the most perfect and convenient flask in the market.

Any Vulcanizer measuring 37 inches in diameter, inside, will admit this flask easily.

PRICE, MALLE	ABLE IR	ON,	\$1.00,	postage,	25	cents.
EXTRA BOLTS,	per set,		.25,	"		free.
WRENCHES,			.10	66		66

# The Compound of Iodoform

For General Use for the Treatment of Pulpless Teeth, and for Capping Exposed Pulps, Etc.

PREPARED BY DR. WM. C. FOULKS.

Composed of Iodoform, Hydrate of Chloral, Acetate of Morphia, Chlorate of Potassium, Sulphate of Zinc, and Oil of Cloves, Cinnamon, Cajepute, Eucalyptus, Turpentine, and Glycerine, quant. suf.

This paste is free from objectionable odors, will not spoil or dry if exposed for months to the light and air, and even then may be restored by a few drops of Glycerine. Its consistency never afters, its smooth-working qualities are, therefore, permanent. It is placed in low wide-mouth bottles, and is, therefore, easy to reach with any form of instrument; is always ready for use; does not run out if the bottle is overturned; its manipulation requires but one hand, and its use avoids the "shop" display of a numbe of bottles. For travelling dentists, and such who desire to have as few medicaments as possible, it is very desirable.

The preparation is not claimed to be a "cure all" but one that will GENERALLY be ampty sufficient for the permanent or temporary dressing of canals, and for capping pulps, etc. A curcular, containing explanations and directions, accompanies each box.

Put up in \(\frac{1}{4}\)oz. wide-mouth glass bottles. Price per box, \\$1.50.

FOR SALE BY GIDEON SIBLEY,

Trade Supplied.

Philadelphia, Pa.

# WATT'S IMPROVED METAL.

### BETTER THAN ANY IN USE!

Six Ingots to the Pound.

Per Ingot, \$1.00.

Printed Instructions with each Ingot.

This metal is far superior to the well-known Watt & Williams metal. It is the result of diligent research, aided by abundant leisure, and long experience in the science of metallurgy.

Watt's Metal is stronger and runs sharper than any in use, while it withstands chemical action within the mouth better than 18 carat gold.

It has no equal for lower plates, gives a much better fit than rubber, celluloid, or gold, and is good conductor of heat and electricity. Weight is often advantageous; but if shrinkage is very great a base plate of the metal may be made, and the teeth attached to it with rubber or celluloid. Most beautiful upper or lower dentures may be thus made, and no other work has greater durability

Molds may be made in almost any flask, but a glance at the cut of the Watt Flask will per-

suade any one to buy it who intend to use the work.

Ask your Dental Depot for it, or send to

RANSOM & RANDOLPH, Wholesale and Retail Agents, 83 JEFFERSON STREET, TOLEDO, OHIO.

# KING'S OCCIDENTAL AMALGAM.

PRICE REDUCED TO \$3.00 PER OZ.

5 oz. at one time, \$2.75 per oz.; 10 oz at one time, \$2.50. per oz.

This Amalgam has been before the profession in Ohio and Western Pennsylvania for some years, and all who have used or tested it, agree that it has merits over any other Amalgam in the market.

The process of manufacture differs from that of other Amalgams, and

### BY A NEW INVENTION

Dr. King is enabled to obtain better results, both in regard to COLOR, SHRINKAGE and EXPANSION, than is obtained in any other alloy in the market.

Test for color consists of sixty grains of Sulphuret of Potassa, dissolved in one ounce of water. Amalgam plugs to be left in this solution twenty-four hours or more. The Occidental will remain bright after this test, and we know of no other Amalgam, at even double the price, but that will discolor. All who would use the best should buy it.

Ask your Dental Depot for it, or send to

RANSOM & RANDOLPH, Wholesale Agents, 83 JEFFERSON ST., TOLEDO, OHIO.

### 1885

### OHIO STATE JOURNAL OF DENTAL SCIENCE:"

GEO. WATT, M.D., D.D.S., Editor, Xenia, Ohio.

Monthly, 48 to 56 pages, making 600 pages reading matter during the year, exclusive of advertisements, For Subscription price of \$2.00. Published by

### RANSOM & RANDOLPH, TOLEDO DENTAL DEPOT,

Dealers in every Instrument and Article used by Dentists and Surgeons. All the Leading Goods in Stock, and Supplied at Manufacturers' Prices.

A Large Stock of JUSTI'S and WHITE'S TEETH, and the WELL-KNOWN SIBLEY TEETH always on hand.

Address all orders and subscriptions to

RANSOM & RANDOLPH,

83 JEFFERSON ST., TOLEDO, OHIO.



# Sebastian, May & Co.'s

### Improved \$60

### Screw Cutting Dentists' Lathe.

Warranted to do very delicate and accurate work. The best and cheapest lathe ever offered.

Lathes on Trial. Catalogues mailed on application.

171 W. 2d St., Cincinnati, Ohio.

Dr. F. H. Lee, of N. Y. City, says, "To say I am pleased does not half express it, I am delighted. Dr. A. T. Hawley, Rock Island, Ill., says, "It could not suit better if I had had the supervision of its construction.

# No. 1 Articulator. Reduced in Price.

Formerly \$1.00.

Reduced to 90 Cents.



HANDSOMELY FINISHED AND NICKEL PLATED, \$1.50 If sent by mail, postage extra, 10 cents.

These Articulators are equal in all their fitting parts, to any \$2.00 Articulator, and are superior in weight, strength, and fittings, to any sold at \$1.00 or 90 cents.

We make but one grade, and that we make well.

### GIDEON SIBLEY,

Dental Depot.

13TH AND FILBERT Sts, PHILAD'A, PA.

# LAWRENCE'S AMALGAM.

"The Old Reliable."

This Amalgam has received the endorsement of the Profession at large for over forty years, which would seem to render any remarks as to its excellence superfluous.

Pric, \$3.00 per ounc.

Purchase only of reliable dealers, their agents, or of the inventor and only manufacturer.

AMBORSE LAWRENCE, M. D.,

476 Columbus Ave., Boston, Mass.

# SAMSON RUBBER

MANUFACTURED BY

### EUGENE DOHERTY,

444 FIRST STREET, Brooklyn, E. D., New York.

WARRANTED TO BE

# THE STRONGEST & MOST UNIFORM RUBBER MANUFACTURED.

It is the toughest and most durable Rubber made. Vulcanizes same as ordinary Rubber.

### SAMSON RUBBER.



MANUFACTURER OF ALL KINDS OF

# Dental Rubbers and Gutta Perchas.

### PRICE LIST OF DENTAL RUBBERS AND GUTTA PERCHAS.

	0	25	No. 1 Weighted or Amalgamated Rubber, per lb.  No. 2 Weighted or Amalgamated Rubber, per lb.		
Flexible or Palat' Rubber, per lb. Gutta Percha for Base Plates, per lb. Vulcanite Gutta Percha, per. lb.	2	75 25 50	Black Weighted or Amalgamated Rubber, per lb	4	00

Form.—The above Rubbers and Gutta Perchas will be furnished in pound or half pound packages to any dentist in the country on receipt of price, and stating that they cannot get them at the Dental Depots in or near their place of business. Circulars giving full instructions how to use all of my Rubbers and Gutta Perchas, will be found in each box or package with the article ordered.

### EUGENE DOHERTY,

444 First St., Brooklyn, E. D., New York.

# The Robinson Remedy

A SURE CURE FOR

PYORRHOEA, ALVEOLARIS, AND OBTUNDER, FOR SENSITIVE DENTINE,

PREPARED BY

# SAM'L A. CROCKER & Co.,

Ohio Dental and Surgical Depot,

CINCINNATI, OHIO.

DIRECTIONS:—Clean all the Calcareous deposit from the teeth with a thin sharp chisel, pushing the chisel always toward the apex of the tooth, and clear down to the alveola ridge; make a fine rope of fibers of cotton by twisting it between the thumb and finger, a little larger than floss silk; cut the ropes into the length desired to go round the teeth to be treated, and do not treat more than four or five at one time; wet the ropes with the remedy and lay them on a napkin to absorb all that will come off, and place them round the necks of the teeth and push down thoroughly to the alveola border; when you have done one tooth do the next and remove the rope from the first and so on until all are treated.

As a rule one application will cure. If the teeth are loose, take a fine binding wire and wire them to the adjoining teeth that are not loose; and in two or three days the pockets will all be closed and the teeth tight and well. For sensitive dentine and exposed pulps, wet a pledget of cotton and apply directly to the cavity—it will coagulate the serum in the tubuli and cut off all communication with the nerve and the operation will be painless.

SAM'L A. CROCKER & CO.

PRICE, 50 CENTS PER BOTTLE.

Send One Dollar for Sample set of "Sibley's" Teeth.

See Illustration on another page, of a few styles of "Sibley's" Plain Teeth.

Try a sample Package of Sibley's Gold and Platinum Alloy, which is the best.

Our Medium Rubber Dam is superior—none better in the market. Put up in convenient form, 5 yards long, 6 inches wide, also 4 yards long and 8 inches wide. Price \$1.50.

The Improved Anchor Flask, is the best in the market.

The "Eclipse" Rubber is stronger than most, and as strong as any. It packs and finishes easy.

Wilkerson, Morrison Student, Cycloid, Archer, or any Dental Chair can be ordered of Gideon Stbley.

The No. 1 Articulator has been reduced to 90 cents, (by mail 10, cents extra), GIDEON SIBLEY.

The Compound of Iodoform, should be in every Dental office. See advertisement.

### Dr. J. FOSTER FLAGG'S SPECIALTIES.

These "Specialties" are offered with the assurance that they are such as are progressively taught and used by Dr. Flagg, and that every lot of each material is tested and approved by him before being sold.

HAND-MADE GUTTA PERCHA STOPPING, (1/4 oz. pkge.) per oz.	\$5.00
"CONTOUR" AMALGAM ALLOY "	3.50
"SUB-MARINE" " "	2.50
"PLASTIC ENAMEL" (Nitro-phosphate of Zine) $\frac{1}{2}$ oz.	2.00
OXY-PHOSPHATE OF ZINC, ("Non-deteriorating") "	1 00
OXY-CHLORIDE OF ZINC, per package,	1.00
GLASS MORTARS, (properly groun	d,) 75c.
GUTTA PERCHA AND INSTRUMENT WARMERS, (Dry-Heat,) \$4.00.	

FOR SALE AT DENTAL DEPOTS,

DR. FLAGG, 106 NORTH ELEVENTH STREET, PHILADELPHIA, PA.

# GEO. W. FELS, COHESIVE and SOFT GOLD FOILS

112 West Sixth Street, Cincinnati, O.

ESTABLISHED 1879.

This improved SOFT FOIL will be found extremely tough; it is SOFT and KID LIKE, and can be brought to any degree of cohesion by annealing, thus combining soft and cohesive foils.

By sending draft or Post Office order to the above address, we will forward without extra expense.

1-8 oz. at \$3.75, 1-2 oz. at \$14.00, 1 oz. at \$28.00.

This Foil can be returned if not as represented.

# PEIRGE'S AMALGAM.

RECOMMENDED FOR ITS

### PURITY, PERMANENCY, PLASTICITY.

This Amalgam is made from strictly pure materials and from the formula of Prof. C. N. Peirce It was first made by r. Peirce for use in his own practice, and has become deservedly popular with those who have been for some years constantly using it. Its color, edge-strength and toughness render it one of the the most desirable plastic filling materials, while shrinkage or expansion are not perceptible. Each package of Amalgam will contain a piece of specially prepared "Asbestos Felt," with directions for its use as a capping for exposed pulps, or as a non-conducting septum between sensitive dentine and metallic fillings.

Price, \$4.00 per oz. Put up in ounce and half-ounce packages.

Retail, by GIDEON SIBLEY.

# PHOSPHATE OF ZING GEMENT,

Dr. C. N. PEIRCE.

The properties of this Cement have been well tested, and not found wanting. It does not deteriorate with age. Directions accompany each package. It can be procured of dealers in dental supplies, and in quantity of the S. S. White Dental Manufacturing Co., Johnson & Lund, and of the Manufacturer, 1415 Walnut Street, Philadelphia.

Price, per Package, \$2.00.

Sizes

Liberal Discount to the Trade.

FOR SALE BY GIDEON SIBLEY.

# EDWARD ROWAN & CO.,

196 Third Avenue, New York,

"DECIMAL GOLD FOIL"	MANUFACTURERS OF THE	Ε			
"DECIMAL GOLD FOIL	Per ovnce, .		. :		\$28 00
"DECIMAL ROLLED GOLD"	Per one-tenth oun	ce, .			3 00
"ROWAN'S IDEAL ALLOY"	No. 1, Per ounce, \$5.0	00: 2 oz.	\$9.00;	4 oz	16 00
"ROWAN'S IDEAL ALLOY"	No. 2. " " 8	00	5.50	6.6	10.00
"IDEAL CEMENT," with pigme	nts, per package, .			· .	1 00
FIG. 6 TO 3.3 TO					

Try some of our Rubber Dam, in handsomely decorated air-tight Boxes; new make; light colored and very tough, per box \$1.00. Per yard Medium, \$1.50.

S. H. GUILFORD, A. M., D. D. S., (Professor of Operative and Prosthetic Dentistry, Phila. Dental College,), has permitted us to state that he uses and recommends our "Gold Rolls."

Dr. H. J. McKELLOPS, of St. Louis, writes us, under date September 16, 1884, "you may use my name in connection with your gold with pleasure."

H. C. REGISTER, M. D. D. D. S., of Philadelphia, writes us, "You are permitted to use my name in recommending your gold, as second to none in the world!"

From CHAS. L. STEEL, M. D., D. D. S., of Richmond, Va., (Demonstrator Operative Dentistry, University of Maryland). "Dear Sirs;—Your last ounce of gold duly received and as usual works superbly. I have used many makes of cohesive Foil, but for some time past have confined myself to yours exclusively, as I find none other so near perfection.

GOLD ROLLS (Made from No. 4 Soft Foil.)

FOR SALE BY GIDEON SIBLEY.

## Second-Hand and Shop-Worn Goods.

One Archer Chair, No. 2, covered with Garnet Plush, Footstool and Floor Spittoon, all
in good condition, 835 00
One S. S. W. Engine, old style, with No. 6 H. P. and 14 New Points, - 30 00
ONE NEW Mode Heater, complete, for Gas, with Flask, etc., good as new, - 30 00
One Salmon Automatic Mallet, with two points, good as new, 700
One Conical Base Celluloid Apparatus, complete (good as new) - 10 00
One Bonwill Electro Mallet and New Battery, with four Cells, complete in
box, in perfect condition, - 35 00
One S. S. White Wall Cabinet, (in good condition), - 15 00
Boxing on above goods extra.

### GIDEON SIBLEY.

13th and Filbert Sts., Philadelphia, Pa.

ESTABLISHED OVER SIXTY-FIVE YEARS.

# CHAS, ABBEY & SONS,

No. 230 Pear Street,

---PHILADELPHIA ---

# DENTISTS' FINE GOLD FOIL,

SOFT OR NON-GOHESIVE, AND GOHESIVE,

ALL FROM ABSOLUTELY PURE GOLD,

PREPARED EXPRESSLY BY OURSELVES.

### THE LEWIS

# NITROUS OXIDE GASOMETER



This Gasometer is believed to be the

### Best and Most Convenient

for the price yet produced.

Made of best Galvanized Iton, bighly and artistically ornamented. All bright parts nickel-plated.

IT IS FITTED FOR EITHER A 100 OR 500 GALLON CYLINDER.

### Contains an effective Water Seal

### PRICES.

No. 1, Lewis Gasometer, \$30.00 No. 2, Lewis Gasometer, \$25.00 Boxing included.

The No. 1 and No. 2 are identical in construction, the difference being in ornamentation.

The above prices are for the Gasometer and Stand alone. For further particulars and prices of complete outfit see circular, which can be obtained at any Dental Depot in the United States.

FOR SALE BY ALL DEALERS
IN DENTAL GOODS.

Manufactured only by Buffalo Dental M'f'g Co., Buffalo, N. Y.

# Artificial Teeth.

The manufacture of Artificial Teeth being the principal department of my business, I give it my own personal supervision; from the designing of new patterns, and cutting the "moulds," through all the various details of manipulation, until finished, which, combined with my large force of the most skilled workmen, in their various departments, insures the best results attainable.

While certain materials are used by all, the proportions of these, and other materials used, are secret to each manufacturer, which accounts for different makes, varying in strength and texture.

I claim for my material, that point of perfection which is not, and never has been, excelled.

The following "clippings" are from my regular correspondence, and are selected from a large number of similar ones, which I am constantly receiving:

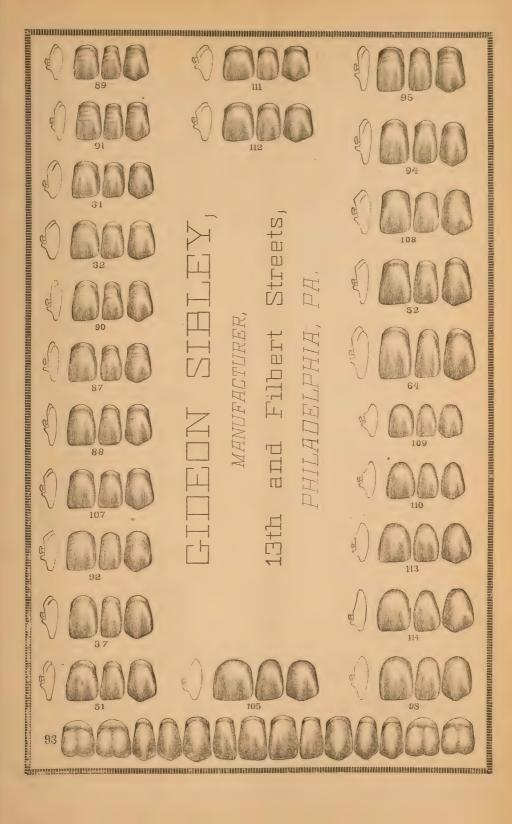
- "In every case of the several hundred sets of your make of Artificial Teet's that I have used, each has been satisfactory to the patient and myself."
- "I have been using your Teeth, for quite a number of years. They give the best satisfaction."
- "I am much pleased with them, I find them strong, and life like; and thin, they are about the strongest Teeth I have ever used."
- "I have used your Teeth for several years, and they give me good satisfac-
  - "I hope I can get them as long as I practice."
  - "I find them better adapted to work to a model than any I ever worked."
- "I am much pleased with your Teeth, as for strength, I think them equal to the best."
- "The lot sent were very nice; the first of your make I have ever used. The pins are much better than most."
- "I have used Teeth from other manufacturers lately, but prefer yours decidedly."
  - "Your Teeth prove to be unexceptionally good, and are quite satisfactory."
- "I am well pleased with the Teeth I have ordered from you. You come nearer suiting me, and pay more attention to instructions in regard to selections han any one, from whom I have ever ordered.".

### SEND FOR PRICE LIST.

For Sale by all Dealers.

# GIDEON SIBLEY,

13th and Filbert Sts., - - - Philadelphia, Pa.





# ONE POUND. FIGURE STATE STREETS, PHILAD'A, PA. THERTEENTH AND FILHERT STREETS, PHILAD'A, PA. The Best Para Gam is used in the manufacture of this Rubber. It is exceedingly light in weight, very tenacious and durable, packs easily, and vulcanizes same as ordinary Rubber.

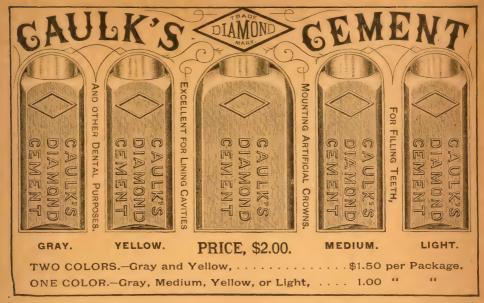
or exchange for other goods for what is returned in good order. not meet the expectations of the purchaser, we will gladly refund the money, while we feel confident that it is superior to any in the market, yet, if it does This Rubber is of the class commonly termed Tough Rubber, and

PRIGE REDUCED.

PRIGE, { IN 10 LB. LOWS, 2.48

### CAULK'S FI IG MATERIALS

(ESTABLISHED 1877.)



### THIS COMPOUND NOW STANDS WITHOUT A RIVAL.

FROM FIVE TO SEVEN YEARS' TEST, BY LEADING DENTISTS THROUGHOUT THE WORLD, HAS PROVED ITTO BE ALL THAT HAS BEEN CLAIMED FOR IT.

FOR MOUNTING ARTIFICIAL CROWNS—It has been highly recommended, is non-irritating, non-conducting, harmony with tooth structure, has no shrinkage or expansion, and is excellent for lining cavities and capping pulps.

IT WILL HARDEN IN WATER OR SALIVA. It does not deteriorate with age. We have some over three years old, and it works as nicely as when first made. The liquid does not crystallize, and we have increased the quantity in both packages. All bottles are lettered with "CAULE'S DIAMOND CEMENT."

The universal verdict is that Caulk's Diamond Cement is the best. will convince you.

### CAULK'S PAR-EXCELLENCE ALLOY.

This Gold and Platina ALLOY is manufactured on a New Principle. Saves Teeth where others fail.

It is the result of a long series of experiments, and has been in constant use for several years. By our new method of manufacture there is no GUESSWORK, the molecular change is controlled, making each and every ingot always and absolutely alike in its properties.

Price in 1/4, 1/4 and I ounce packages, per ounce, \$3.00; 2 ounces \$5.00

### CAULK'S WHITE ALLOY

Has been greatly improved. Costing more to produce it. There is Nothing EQUAL or Superior to it.

When amalgamated in the hand it works with a soft and vel is of a pecunar grayish-white color. When amalgamated in the hand it works with a soft and velvety feeling. Is very iENSE, and so malleable that it can be malleted with the greatest ease. Has been highly recommended in Combination Fillings of Gold and Amalgam. When properly manipulated with Pure Mercury it will retain its color under all circumstances. Is of a peculiar grayish-white color.

PRICE,  $\frac{1}{4}$ ,  $\frac{1}{2}$  and 1 ounce packages, per ounce, \$4.00; 2 ounces, \$7.00.

### CAULK'S DIAMOND POINT STOPPING.

This form of Gutta-Percha, having been in the market for several years, has stood the greatest test of all—that of time. It is regarded as the best preparation of its kind for filling teeth it, the world. The stopping is put up in SEALED ENVELOPES, and the Pellets and Cylinders in SEALED BOXES, each bearing a fac-simile of our signature.

Price, in ½, ½, and I ounce packages, per onuce, (reduced to) \$2.00.

We make a specialty of manufacturing these materials for filling teeth, and they are sold by Troy weight.

Over Fifteen Thousand (15,000) Dentists are using these Materials throughout the World. What Better evidence do you wish of their Superiority and Excellence?

L. D. CAULK, Mf'tr and Proprietor,

CAMDEN, DELAWARE. Sold at all Dental Depots.

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FOR 1886.

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The publication of the DENTAL PRACTITIONER was brought about three years ago, mainly by repeated complaints from the profession that so many of the dental journals then in existence, especially in this section, were filling their pages of reading matter too largely with articles praising and advocating the wares of certain manufacturers. The opinion was freely expressed that a journal free from these objections was much needed and would be well received.

The publisher of the Dental Practitioner being assured that if he would undertake the publication of such a journal he would receive the support of many of the best writers in dental literature as contributors to its pages as well as a liberal subscription list.

With these assurances the work was undertaken, and in January, 1883, the Dental Practitioner made its introductory bow. How well it has succeeded is left to those who have been its constant readers. How well it has been supported will be seen by the large number of articles written expressly for it. The fact that it is now read by most of the leading dentists of the United States and is no stranger in foreign countries proves too the value of its advertising pages.

One mistake the publisher made, that of making its subscription price too low for a journal of this kind. Having assurances that an advance would be cheerfully acquiesced in, it has been decided in future to make the

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We desire to express our thanks to its contributors and subscribers for the past generous support.

### GIDEON SIBLEY,

13th and Filbert Streets,

Publisher Dental Practitioner.

